CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL

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Submitted By

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I hereby declare that the dissertation entitled "**CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL"** submitted towards partial fulfillment of the requirements for the award of **MD in General Medicine** degree to BFUHS is a compilation of original work carried out by me under the supervision of **Dr Vikas Garg,** Professor, Department of Medicine, **Dr. Veenu Gupta,** Professor & Head, Department of Microbiology **and Dr. P S Nain,** Professor, Department of General Surgery. No part of this thesis has formed the basis for the award of any degree previously.

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DEDICATED TO

MY PARENTS

DR. AJAY GUPTA

&

DR. BINDU GUPTA

MY BROTHER, ER. ABHAY GUPTA

Thank you for always believing me, your unwavering support, blessings and encouragement have been cornerstone of my academic journey.

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Abhinav Gupta

ABBREVIATIONS

ALT	ALANINE AMINOTRANSFERASE
ARDS	ACUTE RESPIRATORY DISTRESS SYNDROME
DAMA	DISCHARGE AGAINST MEDICAL ADVICE
DMCH	DAYANAND MEDICAL COLLEGE & HOSPITAL
ERCP	ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATICOGRAPHY
ICU	INTENSIVE CARE UNIT
LRTI	LOWER RESPIRATORY TRACT INFECTION
MRCP	MAGNETIC RETROGRADE CHOLANGIO-PANCREATICOGRAPHY
NJFT	NASOJEJUNAL FEEDING TUBE
NSAIDS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS
PCD	PERCUTANEOUS DRAINAGE
SIRS	SYSTEMIC INFLAMMATORY RESPONSE SYNDROME
UTI	URINARY TRACT INFECTION

ABSTRACT

INTRODUCTION: Acute pancreatitis is inflammation of pancreas that can be associated with peri-pancreatic collection and sepsis.

Aim of Study: 1) To study the clinical and microbiological profile in patients with acute pancreatitis

2) To study the cultural sensitivity in blood and peri-pancreatic collection/necrosis and the outcome in terms of any intervention

Materials & methods: A prospective study was conducted in 100 patients with acute pancreatitis admitted at DMCH, Ludhiana.

RESULTS: Maximum cases were in age group of 31-40 (27%) with male predominance (67%) with biliary etiology (44%). Radiological evidence was seen in 90% cases with peripancreatic collection in 53%. NJFT was put in 66% cases. 58 patients were admitted in ICU with ventilator support (25%) and inotropes (31%) cases. PCD insertion was done in 34 patients and necrosectomy in 11, ERCP in 5 patients and cholecystectomy in 3 cases. In 62 blood samples, 14 showed growth (positivity rate =22.5%) with Klebsiella and Acinetobacter - most common isolates with sensitive to colistin and Gram positive isolates equally sensitive to vancomycin, teicoplanin and linezolid. In 44 Peripancreatic Collection Samples, 40 showed growth (positivity rate 90.9%) with Klebsiella – most common isolate sensitive to colistin and Gram positive isolates sensitive to linezolid. Concurrent UTI was seen in 15 patients and LRTI in 25 patients with ascitic fluid infection in 5 cases. Mean length of stay in the hospital was 19 days. Final outcome of patients included 65% discharged, 6% discharged at request, 24% took DAMA and 5% expired.

CONCLUSION: This study helped us to find out that how clinical profile of patients with acute pancreatitis is related to microbiological profile. Patients with positive cultures were in need of NJFT, ICU care, ventilator support and inotropes and were not only managed medically but also with interventions including ERCP, PCD insertion and surgeries with length of hospital stay increased.

KEYWORDS: Prospective Study, Acute Pancreatitis, Clinico-Microbiological Profile, Outcomes

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INTRODUCTION

The pancreas is a glandular organ with exocrine and endocrine functions.

It is an oblong-shaped organ at the level of the transpyloric plane (L1). It is a retroperitoneal organ except for the tail and is located in the epigastrium and left hypochondrium regions. (1) (2)

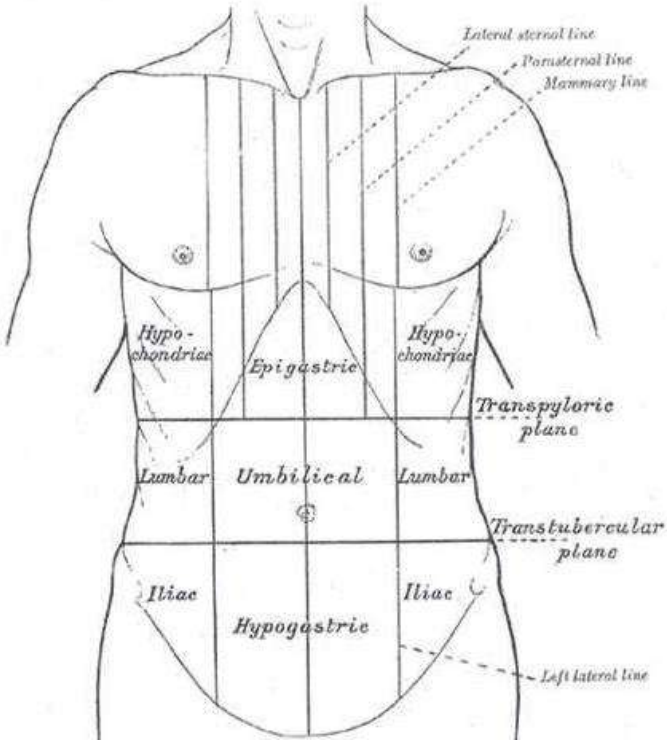

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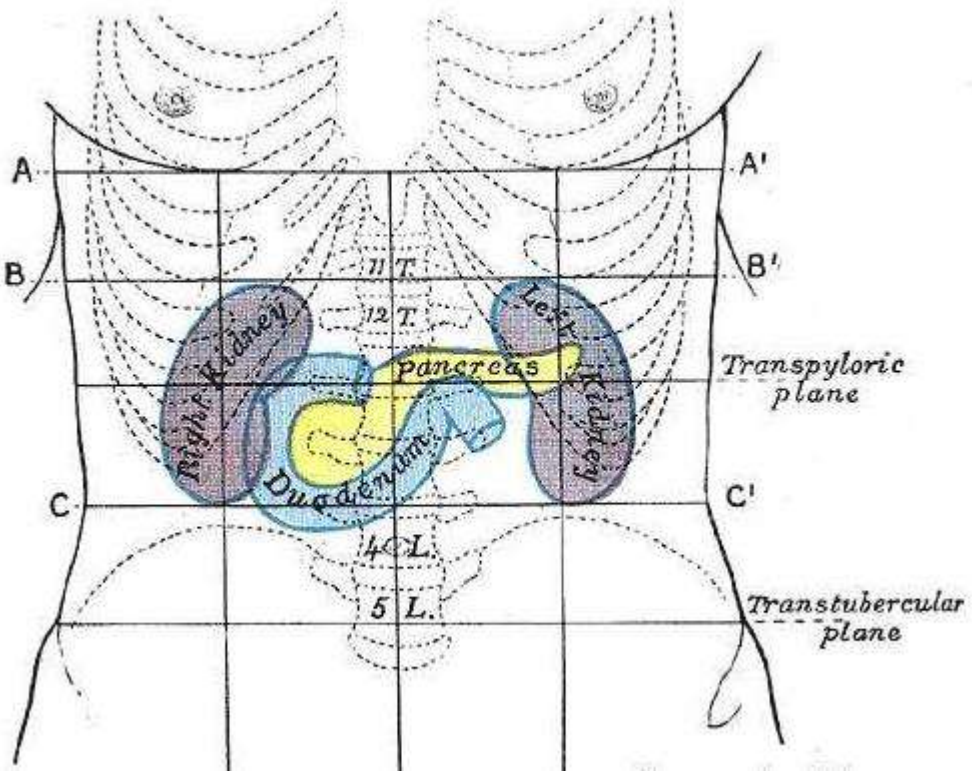
Figure 1: Quadrants and regions of abdomen



(3)

Figure 2: Location of pancreas

Anatomical relations of pancreas (4)(5)

- **Stomach** lies anterior to pancreas with lesser sac lying between the two organs.
- **Duodenum** is “C” shaped which curves around the head of the pancreas with the first part of the duodenum lying anteriorly and the second part including the ampulla of Vater lying laterally.
- **Transverse mesocolon** lies anterior to the pancreas.
- **Common bile duct** lies behind the head before opening into the second part of the duodenum through the major duodenal papilla after joining the major pancreatic duct.
- **Spleen** is located posteriorly and laterally with the lienorenal ligament connecting the spleen and tail of the pancreas.

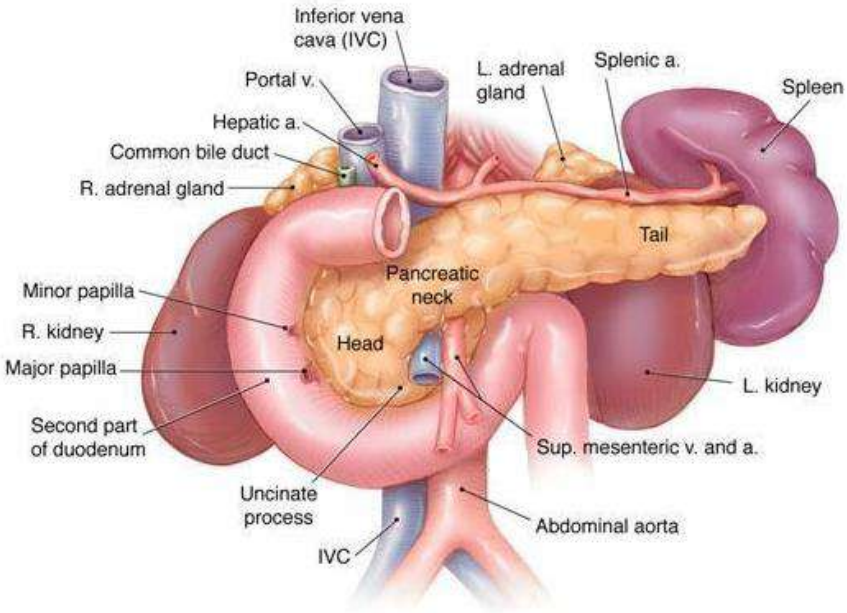


Figure 3: Relations of pancreas

Anatomical Structure [6]

- **Head** is the widest part.
- **Uncinate process** is a projection arising from the head with the superior mesenteric vessels passing anteriorly.
- **Neck** is between the head and the body with superior mesenteric vessels going posteriorly.
- **Body** crosses the midline of the human body with stomach lying anterior to it and superior mesenteric vessels to its right.
- **Tail** lies close to the hilum of the spleen and is contained within the splenorenal ligament with the splenic vessels.

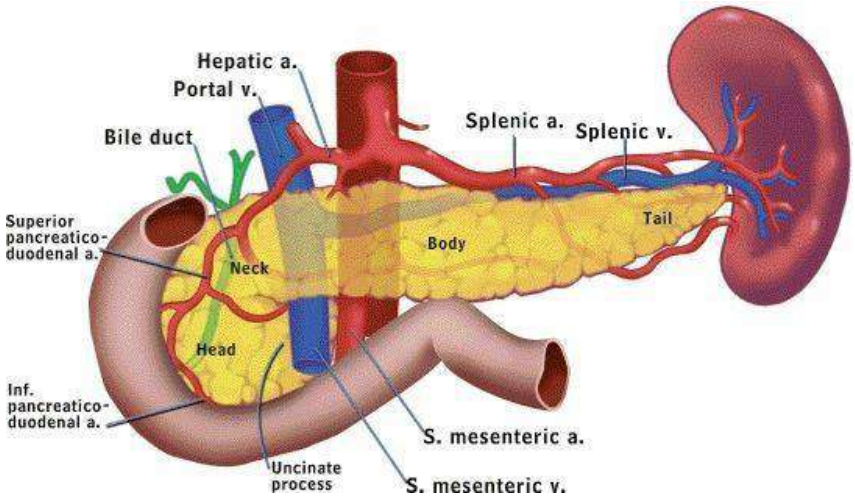


Figure 4: Parts of pancreas [7]

Functions of Pancreas

There are three types of pancreatic cells:

1) **Acinar cells** - produce pancreatic digestive enzymes
2) **Ductal cells** lining pancreatic ducts - secrete a watery fluid
3) **Endocrine cells** present in the islets of Langerhans, which secrete insulin and other hormones [8]

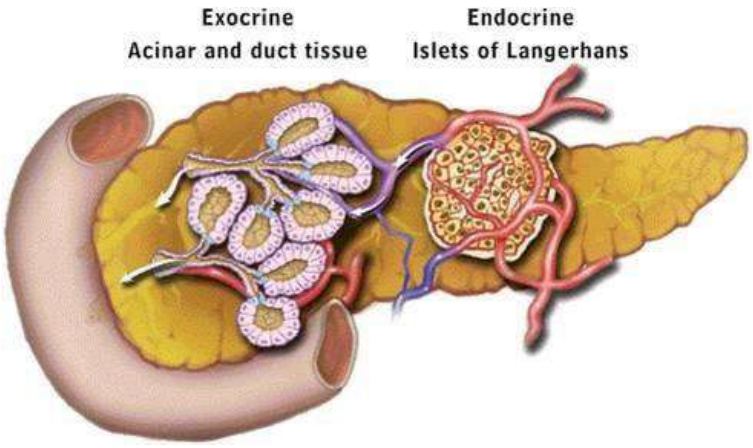


Figure 5: Glandular functions of pancreas [7]

Exocrine Function

The pancreas has exocrine glands which secrete various enzymes like trypsin and chymotrypsin to digest proteins; amylase for the digestion of carbohydrates; and lipase to digest fats. [9][10][11]

The ducts of exocrine glands together form the main pancreatic duct which joins the common bile duct to form the ampulla of Vater which opens at major duodenal papilla into second part of the duodenum.

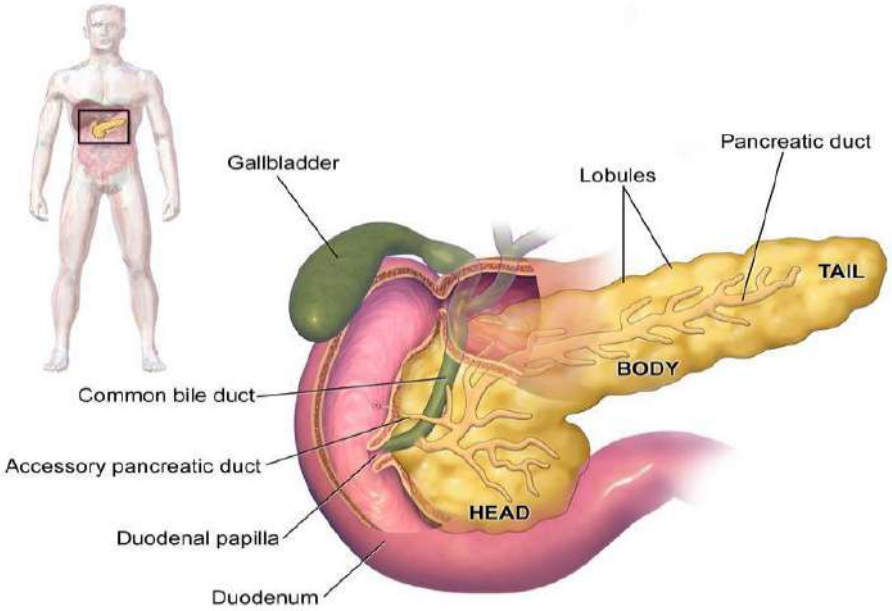


Figure 6: Ducts of pancreas

Endocrine Function

The pancreas consists of islet cells (islets of Langerhans) which secrete **insulin** responsible to lower blood sugar and **glucagon** acting to raise blood sugar. [9][10][11]

Thus the pancreatic juice includes various enzymes responsible for digestion, as well as electrolytes and a small amount of mucus. [12]

CELL	SECRETES:
Alpha cells	Glucagon
D cells	Somatostatin
Beta cells	Insulin, amylin

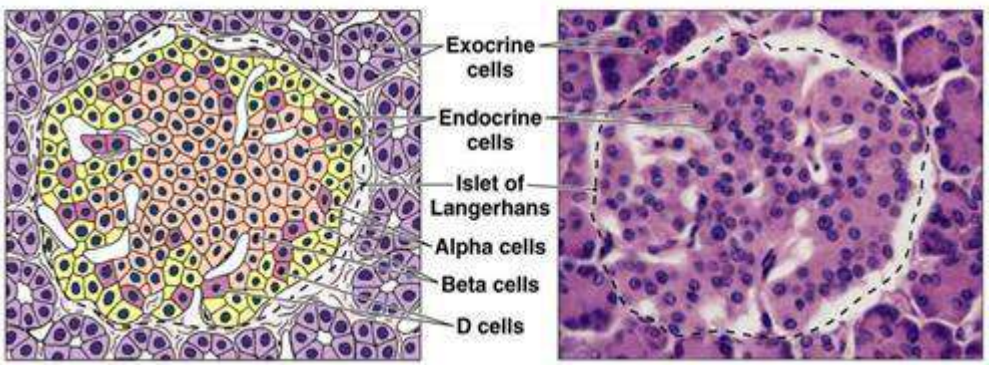


Figure 7: Cells of pancreas

Acute pancreatitis is defined as acute inflammatory condition of the pancreas for which diagnosis is made if any two of the following features are present

1) Epigastric pain that may radiate to the back
2) Raised levels of serum lipase and /or amylase that may be three times or more
3) Radiological findings of acute pancreatitis [13][14]

Pancreatitis is one of the most common gastrointestinal causes of hospital admissions in many countries.

Clinical spectrum and manifestations of acute pancreatitis range from a mild, self-limiting disease to severe and sometimes fatal disease with local and systemic involvement. It may present as simple abdominal pain, nausea, or vomiting. There may be SIRS, organ failure, persistent organ failure and ultimately death.

Approximately 40% to 70% of Necrotizing Pancreatitis patients have infection which may be pancreatic or extra-pancreatic, usually indicating a worse prognosis.[15] The mortality of severe type due to pancreatitis-related causes was organ failure in 73 % within 2 weeks after its attack, and infectious diseases due to pancreatic infection in 33.3 % after more than three months from its attack.

Gallstones are the most common cause of pancreatitis followed by alcohol use and idiopathic.[16][17] Acute disease has also been associated with endoscopic procedures, hypertriglyceridemia, hypercalcemia, drugs, abdominal trauma, viral infections and pancreas divisum.[18]

Early identification of those who are at a high risk of mortality and morbidity by correlating the clinico-microbiological profile can help us with use more aggressive treatment rationally helping to decrease mortality rate. Early detection of infection in cultures of blood, peripancreatic collections and other secondary sites including ascitic, pleural etc can help to decide on early intervention to prevent mortality.

This study will help to understand how the clinical manifestations, severity and the microbiological aspect of pancreatitis are related and help in better management with early and appropriate intervention.

AIMS AND OBJECTIVES

1) To study the clinical and microbiological profile in acute pancreatitis patients
2) To study the cultural sensitivity in blood and peri-pancreatic collection/necrosis and the outcome in terms of any intervention

REVIEW OF LITERATURE

Pancreatitis is defined as inflammation of the pancreas with gallstones being the most common cause of acute pancreatitis (30–60%).[15][16] The risk of pancreatitis in patients with small gallstones is four times more as compared to larger stones.

Alcohol ranks second and is responsible for 15–30% cases in the United States. [15][16] The incidence in alcoholics is 5/100,000, which means there are other factors including smoking and genetics that increase the risk of pancreatic injury.

Acute pancreatitis is seen in 5–10% patients following ERCP.[15][16] Risk factors for post-ERCP pancreatitis include minor papilla sphincterotomy, suspected sphincter of Oddi dysfunction, prior history of post-ERCP pancreatitis, age <60 years, more than 2 contrast injections given into the pancreatic duct, and endoscopist experience. Screening the patient proper for the procedure along with prophylactic pancreatic duct stent and/or rectal NSAIDs (indomethacin) can reduce this risk.

Hypertriglyceridemia is responsible for 1–4% of cases when serum triglyceride levels are more than 1000 mg/dL. [15][16] There is association with undiagnosed or uncontrolled diabetes mellitus. Serum triglycerides can be abruptly increased by alcohol and oral contraceptives. Deficiency of apolipoprotein CII is a risk factor for pancreatitis.

Less than 2% cases are due to drugs with act by the various mechanisms including hypersensitivity reaction or generation of a toxic metabolite. [18]

There are three phases in **pathogenesis of pancreatitis**. In the Initial phase the intrapancreatic digestive enzyme are activated which cause acinar cell injury. Proteolytic enzymes including trypsinogen, chymotrypsinogen, proelastase and lipolytic enzymes like phospholipase A2 are activated in the pancreas acinar cell compartment by endotoxins, exotoxins, viral infections, ischemia,

oxidative stress, lysosomal calcium, direct trauma etc. there is spontaneous activation of trypsin causing autodigestion.[18]

There is activation, chemoattraction, and sequestration of leukocytes and macrophages in the pancreas in the second phase, which results in an enhanced intrapancreatic inflammatory reaction.

The third phase of pancreatitis is characterized by the effects of activated enzymes and cytokines coming from the inflamed pancreas, on distant organs. There is release of bradykinin peptides, vasoactive substances, and histamine causing vasodilation, increased vascular permeability, and edema with various effects on other organs thus leading to SIRS and ARDS and multiorgan failure.[19]

There are six genes found to be associated with pancreatitis, including

1) Cationic trypsinogen gene (PRSS1)
2) Pancreatic secretory trypsin inhibitor (SPINK1)
3) Cystic fibrosis transmembrane conductance regulator gene (CFTR)
4) Chymotrypsin C gene (CTRC)
5) Calcium-sensing receptor (CASR)
6) Claudin-2 (CLDN2)

PRSS1 mutation is sufficient to precipitate acute pancreatitis in the absence of other risk factors, whereas the other variants are disease modifiers. [20]

Laboratory diagnosis – Three times or more of **serum amylase and lipase** levels are strongly suggestive of pancreatitis. Serum amylase values normalize after 3–7 days while lipase levels may remain elevated for 7–14 days. In patients with hypertriglyceridemia induced pancreatitis serum amylase levels can be spuriously low. Serum lipase is more specific than amylase, thus used in differentiating a pancreatic or non-pancreatic cause for hyperamylasemia including gut perforation, ischemia, infarction or diabetic ketoacidosis. [21]

Leukocytosis (15,000–20,000 leukocytes/μL) occurs frequently. [22]

Raised hematocrit (>44%) can be seen in severe disease.

Loss of plasma into peritoneum can lead to **prerenal azotemia** with a blood urea nitrogen level >22 mg/dL. [22]

There can be **hyperglycemia** due to decreased insulin and increased glucagon, adrenal glucocorticoids and catecholamines levels. [22]

Hypocalcemia is seen due to saponification of calcium by fatty acids in peritoneum whereever fat necrosis is occurring with large amounts (up to 6.0 g) in ascitic fluid. [23]

Hyperbilirubinemia(serum bilirubin >4.0 mg/dL) occurs in ~10% of patients which normalizes in 4–7 days.[22]

Serum alkaline phosphatase and transaminase levels may also be elevated. Elevations of ALT more than 3 times the upper limit are strongly associated with a gallstone etiology. [24]

Hypoxemia (arterial Po2 ≤60 mmHg) is seen in 5-10% of patients and indicates the onset of ARDS. [22]

ECG may show ST-segment and T-wave abnormalities simulating myocardial ischemia.

Differential Diagnosis – In **acute cholecystitis**, right hypochondrial or epigastric pain is seen and ultrasound is used for diagnosis.

Intestinal obstruction due to mechanical obstruction has crescendo-decrescendo pain and evaluated with clinical abdominal examination, and imaging like CT abdomen.

Acute mesenteric vascular occlusion seen in elderly debilitated patients and is characterized by leukocytosis, abdominal distention, and bloody diarrhea, and is investigated with CT or magnetic resonance angiography.

Systemic lupus erythematosus and polyarteritisnodosa related **vasculitis** may be mimic pancreatitis.

Diabetic ketoacidosis has features like abdominal pain and elevated total serum amylase levels with normal serum lipase level and on imaging pancreas is normal. [25]

Phases of Acute Pancreatitis -

In the **early phase** of acute pancreatitis, which lasts 1–2 weeks, severity is defined by clinical parameters rather than morphologic findings. Most patients exhibit SIRS, and its persistence is a risk factor for multi-organ failure which is characterized by involvement of respiratory, cardiovascular, and renal systems using the modified

Marshall scoring system. Persistent organ failure for >48 hours is used to define severity of the acute pancreatitis. CT imaging is usually not recommended in the first 48 h of admission in acute pancreatitis. [26]

The late phase may require imaging to evaluate for local complications. The critical clinical parameter of severity, as in the early phase, is persistent organ failure. These patients may require supportive measures such as renal dialysis, ventilator support, or supplemental nutrition via a nasojejunal or parenteral route. The radiographic feature of greatest importance in this phase is the development of necrotizing pancreatitis on CT imaging. Necrosis is associated with prolonged hospitalization and, if infected, may require intervention (percutaneous, endoscopic, and/or surgical). [26]

Severity of Acute Pancreatitis –

Revised Atlanta Criteria

Severity	*Criteria*
Mild	No organ failure
	No local complications (e.g., peripancreatic fluid collections, pancreatic necrosis, peripancreatic necrosis)
	No systemic complications
	Typically resolves in first week
Moderate	Transient organ failure (≤ 48 hours)
	or
	Local complications
	or
	Exacerbation of comorbid disease
Severe	Persistent organ failure (> 48 hours)

Figure 8: Revised Atlanta Criteria [27, 28]

Ranson's Criteria

Criteria for acute pancreatitis not due to gallstones	
At admission	*During the initial 48 h*
Age >55 y	Hematocrit fall >10 points
WBC >16,000/mm^3	BUN elevation >5 mg/dL
Blood glucose >200 mg/dL	Serum calcium <8 mg/dL
Serum LDH >350 IU/L	Arterial Po_2 <60 mm Hg
Serum AST >250 U/dL	Base deficit >4 mEq/L
	Estimated fluid sequestration >6 L
Criteria for acute gallstone pancreatitis	
At admission	*During the initial 48 h*
Age >70 y	Hematocrit fall >10 points
WBC >18,000/mm^3	BUN elevation >2 mg/dL
Blood glucose >220 mg/dL	Serum calcium <8 mg/dL
Serum LDH >400 IU/L	Base deficit >5 mEq/L
Serum AST >250 U/dL	Estimated fluid sequestration >4 L

Figure 9: Ranson's Criteria [29, 30]

Modified Glasgow-Imrie Score	
	Criteria
Within 48 hours of onset of symptoms	1. Arterial Oxygen Partial Pressure < 60 mmHg (8.0 kPa) 2. Age > 55 years 3. White Blood Cell Count >15 x10^3/mm3 4. Serum Calcium <8.0 mg/dl (2.0 mmol/L) 5. Blood Urea Nitrogen 44 mg/dl (16 mmol/L) 6. Blood Glucose >180 mg/dl (10 mmol/L) 7. Serum Albumin <3.2 g/dl (32 g/L) 8. Lactate Dehydrogenase > (600 IU/L)
Interpretation: • If ≥ 3 criteria are present then severe pancreatitis is likely.	

Figure 10: Glasgow – Imrie score (31)

Imrie et al proposed the Glasgow score which seems to be more precise than that of Ranson, (31) with a sensibility for the assessment of severe acute pancreatitis of 56%-85%.(32, 33)

	Physiologic variable[b]	Point score								
		+4	+3	+2	+1	0	+1	+2	+3	+4
1	Temperature	≥41°	39–40.9°	–	38.5–38.9°	36–38.4°	34–35.9°	32–33.9°	30–31.9°	≤29.9°
2	Mean arterial pressure (mm Hg)	≥160	130–159	110–129	–	70–109	–	50–69	–	≤49
3	Heart rate	≥180	140–179	110–139	–	70–109	–	55–69	40–54	≤39
4	Respiratory rate(non-ventilated or ventilated)	≥50	35–49	–	25–34	12–24	10–11	6–9	–	≤5
5	Oxygenation:									
	a) $FiO_2 \geq 0.5$: use $A\text{-}aDO_2$	≥500	350–499	200–349	–	<200	–	–	–	–
	b) $FiO_2 < 0.5$: use PaO_2 (mm Hg)	–	–	–	–	>70	61–70	–	55–60	<55
6	Arterial pH	≥7.7	7.6–7.69	–	7.5–7.59	7.33–7.49	–	7.25–7.32	7.15–7.24	<7.15
7	Serum Na (mMol/L)	≥180	160–179	155–159	150–154	130–149	–	120–129	111–119	≤110
8	Serum K (mMol/L)	≥7	6–6.9	–	5.5–5.9	3.5–5.4	3–3.4	2.5–2.9	–	<2.5
9	Serum creatinine (mg/dL): double point score for acute renal failure	≥++++3.5	2–3.4	1.5–1.9	–	0.6–1.4	–	<0.6	–	—
10	Hct (%)	≥60	–	50–59.9	46–49.9	30–45.9	–	20–29.9	–	<20
11	WBC (in 1000s)	≥40	–	20–39.9	15–19.9	3–14.9	–	1–2.9	–	<1
12	Glasgow coma score (GCS)	Score = 15 minus actual GCS								
Acute physiology score is the sum of the 12 individual variable points										
Add 0 points for the age <44.2 points. 45–54 years: three points. 55–64 years: five points. 65–74 years: six points ≥75 years										
APACHE II score = acute physiology score + age points + chronic health points. Minimum score = 0; maximum score = 71. Increasing score is associated with increasinf = g risk of hospital death										
Add chronic health ststus points: two points if elective postoperative patient with immunocompromise or history of severe organ insufficiency: five points for nonoperative patient or emergency postperative patient with immunocompromise or severe organ insufficiency[c]										
13[d]	Serum HCO_3(venous-mMol/L) use only if no ABGs	≥52	41–51.9	–	32–40.9	22–31.9	–	18–21.9	15–17.9	<15

Figure 11: APACHE – II (34)

BISAP SCORE

One point each given to

- BUN >25mg/dL
- Impaired mental status
- SIRS
- Age >65 years old
- Pleural Effusion

As the score increases, risk of mortality increases

Biochemical Criteria

Serum C-reactive protein - Levels greater than 100 mg/L indicate a severe acute pancreatitis in about 60%-80% of the cases. The determination is easy to perform and inexpensive. However, its sensitivity is good only after the first 48 h from the onset of pain. [35-37]

Granulocyte elastase - This protein is released by activated neutrophils and it is able to damage cellular membranes and the extracellular matrix. Gross et al [38] and Dominguez-Munoz et al [39] have reported that 70%-80% severe acute pancreatitis patients studied within 48 h of onset of the pain were correctly Interleukin 6 and 8 - released within 24 h from the onset of pain by activated macrophages and neutrophils respectively have been proposed as markers of the severe acute pancreatitis and have a specificity greater than that of C reactive protein (80%-100%). [40-42]

Soluble receptor of interleukin 2 - released by the activated lymphocytes is able to identify 70% of the patients with severe acute pancreatitis studied within 24 h from the onset of pain. [43]

Human pancreatic secretory trypsin inhibitor is produced by the acinar cells and the hepatocytes and identifies 70% of the cases within 24h of pain. [44]

Grade	Balthazar Score	Points
A	Normal pancreas	0
B	Pancreatic enlargement	1
C	Pancreatic inflammation and/or peripancreatic fat	2
D	Single peripancreatic fluid collection	3
E	Two or more fluid collections and/or retroperitoneal air	4
	Percentage necrosis	
	0	0
	< 30	2
	30 – 50	4
	> 50	6
	CT Severity Index	
	Low degree	0 – 3
	Middle degree (6% mortality)	4 – 6
	High degree (17% mortality)	7 - 10

Figure 12: Balthazar criteria and CT severity index

Balthazar et al developed a grading system for pancreatic inflammation and which was later refined with the CT severity index (CTSI) score and thus degree of pancreatic inflammation and the amount of necrosis and taken into consideration. Severity index = Necrosis score + Grade score. [45]

Imaging in Acute Pancreatitis [46] - CT imaging with IV contrast is best evaluated 3 – 5 days into hospitalization if patients are not responding to supportive care to assess for local complications such as necrosis.

Two types of pancreatitis are recognized on imaging based on pancreatic perfusion.

Interstitial pancreatitis occurs in 90–95% cases and is characterized by diffuse gland enlargement, homogenous contrast enhancement, and mild inflammatory changes or peripancreatic stranding with blood supply maintained. Symptoms generally resolve with a week of hospitalization.

Necrotizing pancreatitis occurs in 5–10% cases and may not evolve until several days of hospitalization. It is characterized by lack of

pancreatic parenchymal enhancement and/or presence of findings of peripancreatic necrosis and interrupted blood supply. Patients with only extrapancreatic necrosis have a better prognosis as compared to those with pancreatic necrosis. [47]

The median prevalence of organ failure is >50% in necrotizing pancreatitis, and slightly higher in infected versus sterile necrosis. With single-organ system failure, the mortality is 3–10%, but increases to nearly 50% with multiorgan failure.

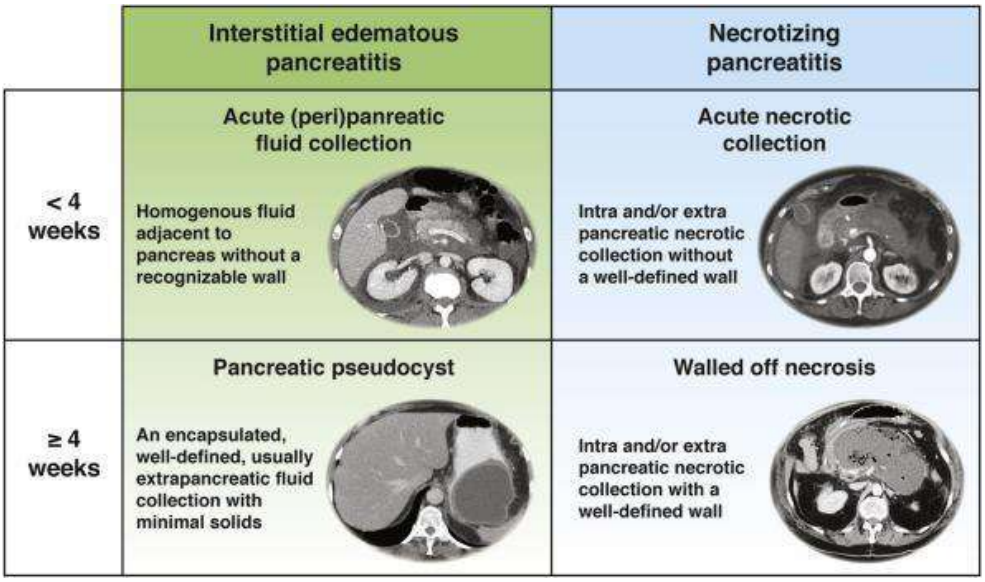

Interstitial edematous pancreatitis
Necrotizing pancreatitis
< 4 weeks
Acute (peri)panreatic fluid collection
Homogenous fluid adjacent to pancreas without a recognizable wall
Acute necrotic collection
Intra and/or extra pancreatic necrotic collection without a well-defined wall
≥ 4 weeks
Pancreatic pseudocyst
An encapsulated, well-defined, usually extrapancreatic fluid collection with minimal solids
Walled off necrosis
Intra and/or extra pancreatic necrotic collection with a well-defined wall

Figure 13: Types of pancreatitis and morphological complications (Revised Atlanta Definitions of Morphologic Features of Acute Pancreatitis) [48]

Management –

Fluid resuscitation is the backbone of management of acute pancreatitis. [49]

A Spanish trial compared patients with acute pancreatitis being managed with aggressive and moderate resuscitation. Patients in the aggressive group experienced more fluid overload (20.5% vs. 6.3%), while not preventing progression to moderate or severe acute pancreatitis. [50]

Another trial comparing aggressive vs. normal resuscitation did not show a difference in clinical outcomes. [51]

Lactated Ringer's solution is considered better crystalloid than normal saline as patients when treated with RL have shown better reduction in C-reactive protein levels and also associated with reduced ICU admission and hospital stay. (52)

Hematocrit and BUN is measured every 8– 12 h as a part of targeted resuscitation strategy.

A less aggressive resuscitation strategy may be needed in milder form of pancreatitis.

Falling hematocrit and BUN within the first 12–24 h indicate satisfactory fluids resuscitation.

If there is rise in hematocrit or BUN during serial measurement repeat volume challenge with a 2-L crystalloid bolus should be given followed by increasing the fluid rate by 1.5 mg/kg/h.

Nutritional Therapy -

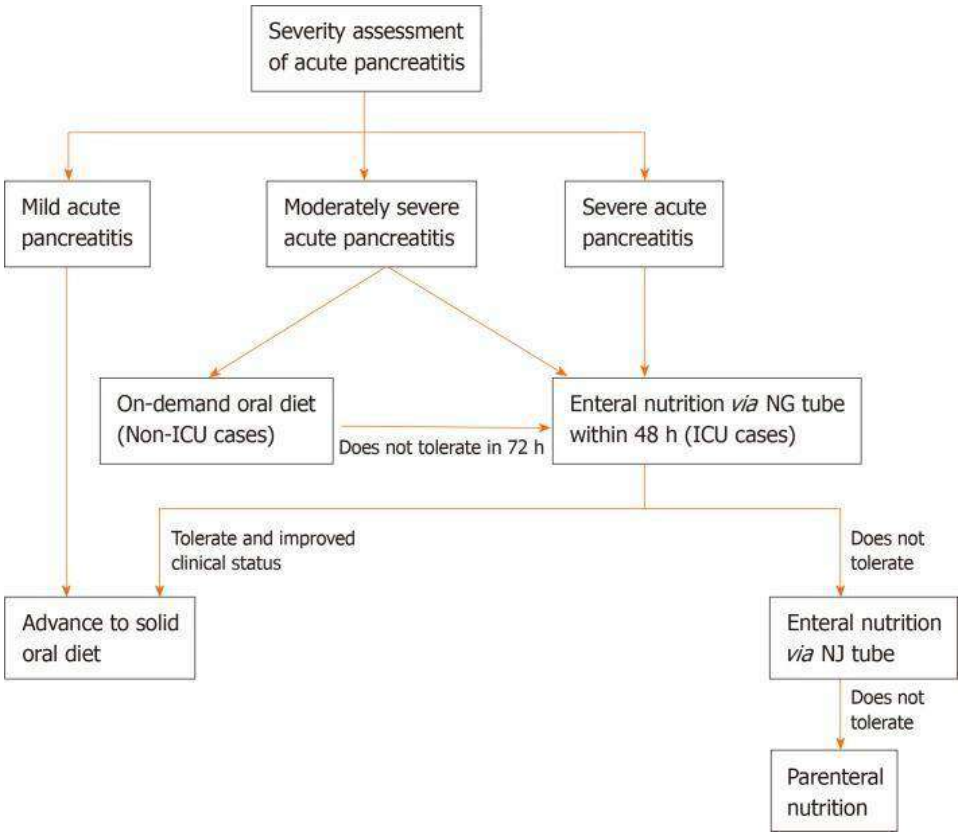

Severity assessment of acute pancreatitis
Mild acute pancreatitis
Moderately severe acute pancreatitis
Severe acute pancreatitis
On-demand oral diet (Non-ICU cases)
Does not tolerate in 72 h
Enteral nutrition *via* NG tube within 48 h (ICU cases)
Tolerate and improved clinical status
Does not tolerate
Advance to solid oral diet
Enteral nutrition *via* NJ tube
Does not tolerate
Parenteral nutrition

Figure 14: Nutrition in pancreatitis (51)

Special Considerations Based on Etiology –

In **Gallstone related pancreatitis**, if the patients have ascending cholangitis, they should undergo ERCP within 24–48 h of admission. Cholecystectomy or endoscopic biliary sphincterotomy is done during the same admission to prevent recurrence. (53)

Hypertriglyceridemia - Initial therapy should focus on treatment of hyperglycemia with intravenous insulin, which often corrects the hypertriglyceridemia. Heparin and plasmapheresis may also be used, but there is no compelling evidence of improvement.

Outpatient therapies include control of diabetes and administration of lipid lowering agents and avoid any drugs that elevate lipid levels. Weight reduction is also recommended. (54)

Hypercalcemia – is managed with IV fluids, diuretics, calcitonin, bisphosphonates and steroids. It is important to evaluate and treat the cause of hypercalcemia which may include hyperparathyroidism or any malignancy. (55)

ERCP induced pancreatitis – can be decreased by pancreatic duct stenting and rectal indomethacin administration. (56)

Management of Local Complications requires a collaborated team approach by gastroenterologists, surgeons, interventional radiologists, and intensivists.

Necrosis – Use of prophylactic antibiotics do not play any role in improving survival rate. There is can be increased risk of development of opportunistic fungal infections. Empiric antibiotics are considered in case there is clinical decompensation.

In case of sterile necrosis, conservative approach is followed unless there are any complications.

In case of infected necrosis, antibiotics should be given as per the organism isolated in cultures.

Percutaneous or endoscopic transgastric / transduodenal drainage can be followed as a step-up approach. **Surgical necrosectomy** is done if the patient doesnot improve. It was observed that one-third of the patients successfully treated with the step-up approach did not require major abdominal surgery.

If conservative therapy can be safely implemented, it is recommended to do so for 4–6 weeks to allow the pancreatic collections to either resolve or evolve to develop a more organized boundary (i.e., to “wall off ”) so that surgical or endoscopic intervention is generally safer and more effective.

Pseudocyst – Drainage of pseudocyst is done endoscopically or surgically if the patient is symptomatic. [57]

Pancreatic duct disruption can have increasing abdominal pain and shortness of breath with an enlarging fluid collection resulting in pancreatic ascites with high amylase level. Patient is evaluated with MRCP or ERCP. It is managed with placement of bridging pancreatic stent for at least 6 weeks and is >90% effective as compared to non-bridging stents (25–50%).

Perivascular complications may include splenic vein thrombosis with gastric varices and pseudoaneurysms, portal vein and superior mesenteric vein thromboses.

Gastric varices rarely bleed but can be life-threatening. Ruptured pseudoaneurysm should be diagnosed and treated with mesenteric angiography and embolization as it can also be life threatening.

Extrapancreatic infections Hospital-acquired infections occur in up to 20% of patients with acute pancreatitis. Patients should be continually monitored for the development of pneumonia, urinary tract infection, and line infection.

Follow-Up Care –

Hospitalizations for moderately severe and severe acute pancreatitis can be prolonged and last weeks to months and often involve periods of ICU admission and outpatient rehabilitation or subacute nursing care. Follow-up evaluation should assess for development of diabetes, exocrine pancreatic insufficiency, recurrent cholangitis, or infected fluid collections.

Recurrent acute pancreatitis –

It can be seen in 25% of patients and can be alcohol and cholelithiasis related.

Other causes include occult biliary tract disease, microlithiasis, hypertriglyceridemia, pancreatic and ampullary tumors, hereditary pancreatitis, choledochocele, pancreas divisum and stricture.

Approximately 2–4% of patients with pancreatic cancer present with acute pancreatitis. [58]

MATERIALS AND METHODS

1 **SOURCE OF DATA**

A prospective study will be conducted in 100 patients diagnosed with acute pancreatitis admitted in Medicine, Surgery and Allied specialties wards at Dayanand Medical College and Hospital, Ludhiana.

2 **METHOD OF COLLECTION OF DATA**

Inclusion Criteria –

1) Patient diagnosed with acute pancreatitis as per clinical and lab feature
2) Patient age > 18 years
3) Patient of either gender

Exclusion Criteria –

1) Patients not satisfying inclusion criteria
2) Patients not willing to take part in the study
3) Patients with pancreatic cancer
4) Age < 18 years

OBSERVATIONS AND RESULTS

- Maximum cases of acute pancreatitis were seen in age group of 31-40 with 27% cases.
- There was male predominance (67%).
- Most cases were gall stone induced i.e. biliary etiology (44% cases).
- Pain abdomen was found in 100% cases and tenderness in 94% cases.
- Among the complications, coagulopathy was found in 80% cases.
- Amylase and lipase levels were raised with mean levels of 622 and 941 respectively.
- Evidence of pancreatitis was found in 90% cases on radioimaging with necrotizing type in 56% cases with peripancreatic collection in 53% patients.
- NJFT was put in 66% cases. 58 patients were admitted in ICU with ventilator support with inotropes given to 25% and 31% cases respectively.
- PCD insertion for peripancreatic collection was required in 34 patients and necrosectomy in 11 patients and exploratory laparotomy in 1 patient. ERCP was performed in 5 patients and cholecystectomy in 3 cases.
- In case of 62 blood samples, 14 samples showed growth and thus a positivity rate of 22.5%. 13 samples showed monomicrobial growth and 1 polymicrobial (1 sample having growth of 2 organisms) thus a total of 15 isolates obtained with K. pneumonia and A. baumannii as most common organisms. All Gram negative isolates were sensitive to Colistin and high resistance was observed to quinolones, aminoglycosides, cephalosporins and carbapenems. S. aureus isolate was sensitive to vancomycin, teicoplanin and linezolid.
- In case of 44 Peripancreatic Collection Samples, there were 40 samples showing growth thus positivity rate of 90.9%. 25 samples showed monomicrobial growth and 15 polymicrobial (14 samples

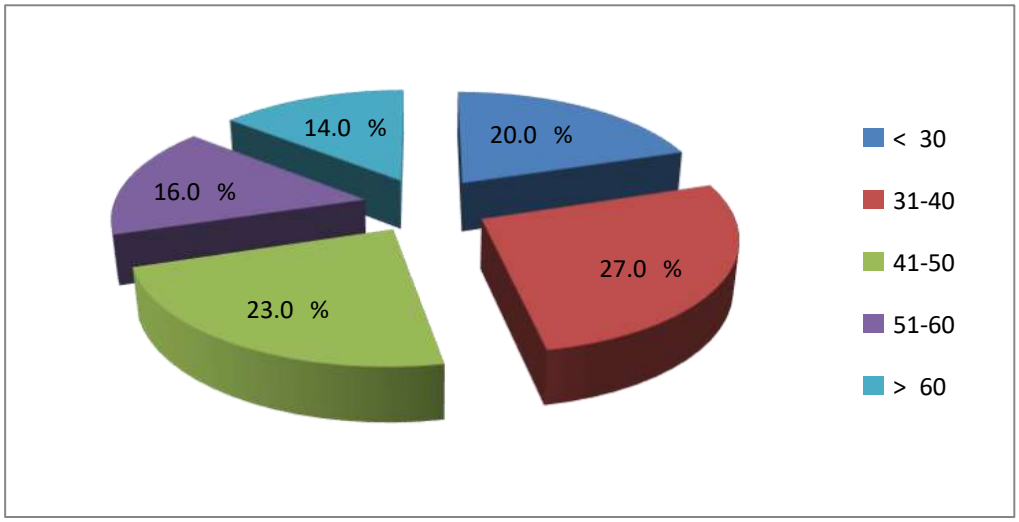
showing 2 organisms and 1 sample showing triple organisms) thus a total of 56 isolates obtained. Gram negative isolates were predominant. K. pneumoniae and E. coli were the most common isolates. The Gram negative isolates were found to be sensitive to colistin, aminoglycosides and tigecycline and high resistance was seen to penicillins, cephalosporins, quinolones and carbapenems. Gram positive isolates were 100% sensitive to linezolid and highly sensitive to vancomycin and teicoplanin. 2 (33.3%) Enterococcus isolates were found to be vancomycin resistant.

- Concurrent UTI was seen in 15 patients out of 49 thus positivity rate = 30.6% with 16 isolates and Candida species as the most common isolates which were 100% sensitive to azoles, echinocandins and ampho-B. 2 isolates of Enterococcus were 100% sensitive to linezolid and 50% sensitive to teicoplanin.
- Out of 13 Ascitic fluid samples growth was seen in 5 samples thus positivity rate of 38.4%. K. pneumoniae Isolates showed 100% sensitivity to colistin and 50% to tigecycline.
- For 31 respiratory samples, 25 samples showed isolates thus positivity rate of 80.6%. K. pneumonaie was found to be the most common isolate with 92% sensitivity to colistin.
- Mean length of stay in the hospital was 19 days.
- Final outcome of patients included 65% discharged, 6% discharged at request, 24% took DAMA and 5% expired.

Table-1 Distribution according to age group

AGE GROUP	No. of cases	Percentage
< 30	20	20.0%
31-40	27	27.0%
41-50	23	23.0%
51-60	16	16.0%
> 60	14	14.0%
Total	100	100.0%

Figure-15 Distribution according to age group

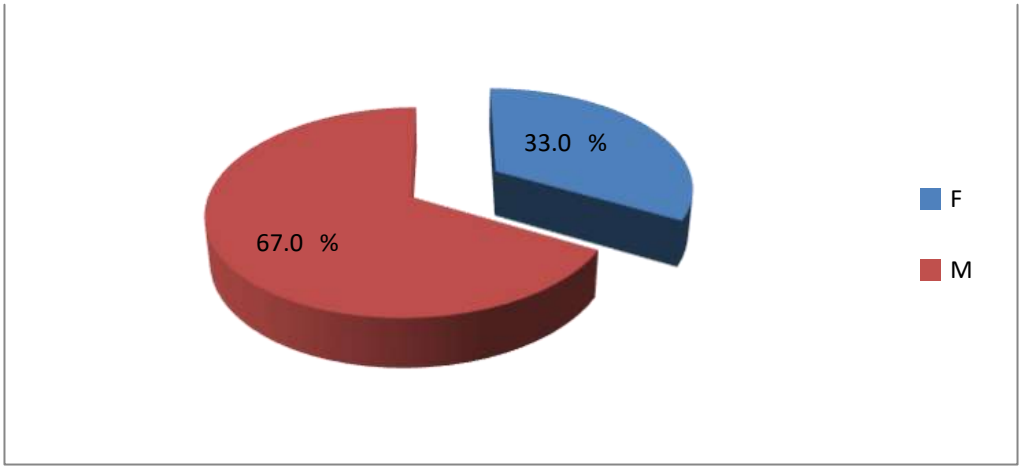


- Maximum cases of acute pancreatitis were seen in age group of 31-40 with 27% cases

Table- 2 Distribution according to sex

SEX	No. of cases	Percentage
F	33	33.0%
M	67	67.0%
Total	100	100.0%

Figure-16 Distribution according to sex

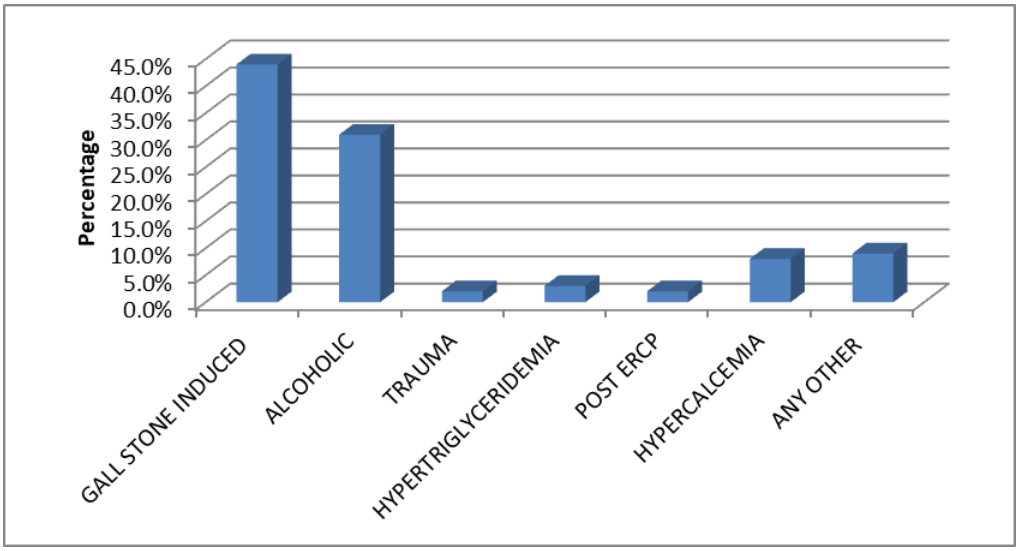


- There was male predominance (67%)

Table - 3 Distribution according to etiology

ETIOLOGY	No. of cases	Percentage
GALL STONE INDUCED	44	44.0%
ALCOHOLIC	31	31.0%
TRAUMA	2	2.0%
HYPERTRIGLYCERIDEMIA	3	3.0%
POST ERCP	2	2.0%
HYPERCALCEMIA	8	8.0%
ANY OTHER	9	9.0%

Figure-17 Distribution according to etiology

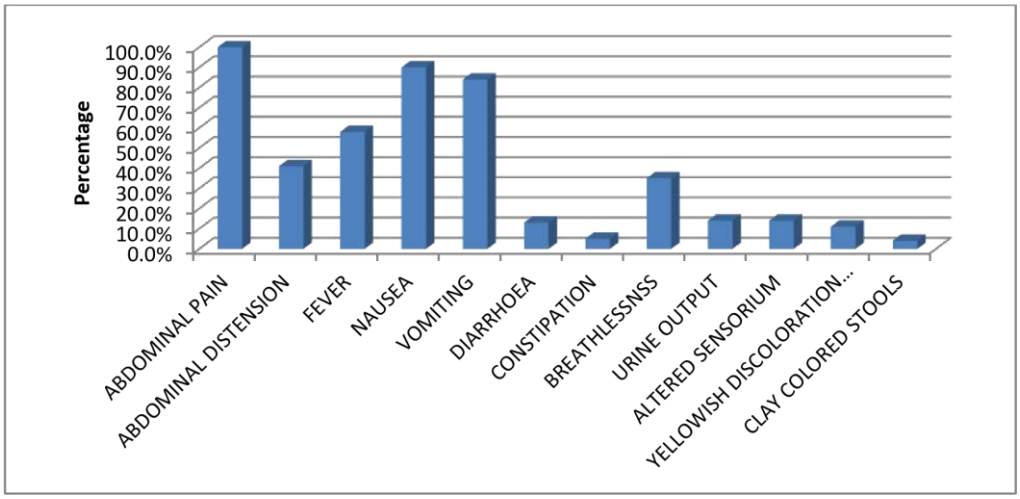


- Most cases were gall stone induced i.e. biliary etiology (44% cases)

Table-4 Distribution according to symptoms

SYMPTOMS	No. of cases	Percentage
ABDOMINAL PAIN	100	100.0%
ABDOMINAL DISTENSION	41	41.0%
FEVER	**58**	58.0%
NAUSEA	90	90.0%
VOMITING	84	84.0%
DIARRHOEA	13	13.0%
CONSTIPATION	5	5.0%
BREATHLESSNSS	**35**	35.0%
URINE OUTPUT	14	14.0%
ALTERED SENSORIUM	14	14.0%
YELLOWISH DISCOLORATION OF URINE	11	11.0%
CLAY COLORED STOOLS	4	4.0%

Figure-18 Distribution according to symptoms

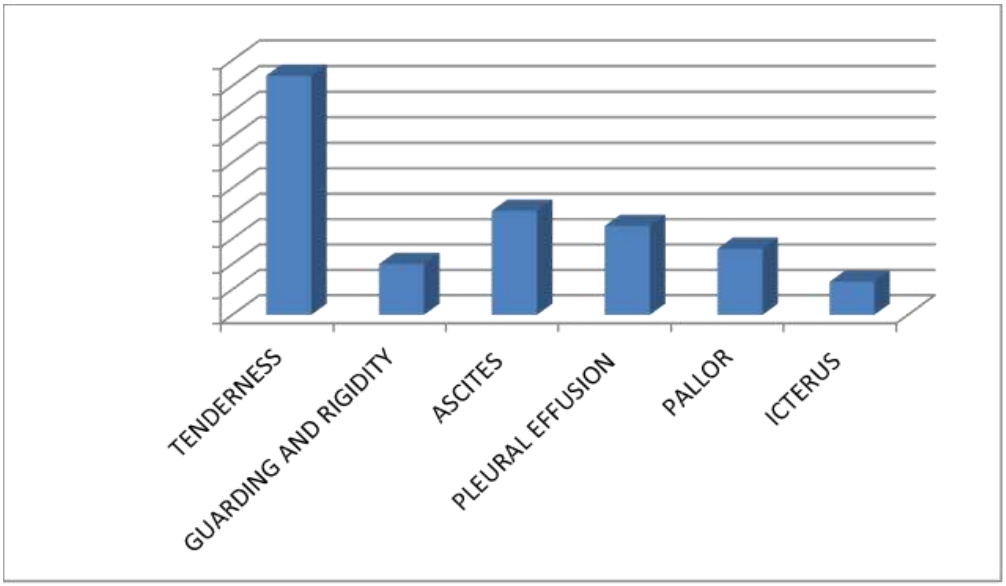


- Pain abdomen was found in 100% cases

Table-5 Distribution according to signs

SIGNS	No. of cases	Percentage
TENDERNESS	94	94.0%
GUARDING AND RIGIDITY	20	20.0%
ASCITES	41	41.0%
PLEURAL EFFUSION	**35**	35.0%
PALLOR	26	26.0%
ICTERUS	13	13.0%

Figure-19 Distribution according to signs

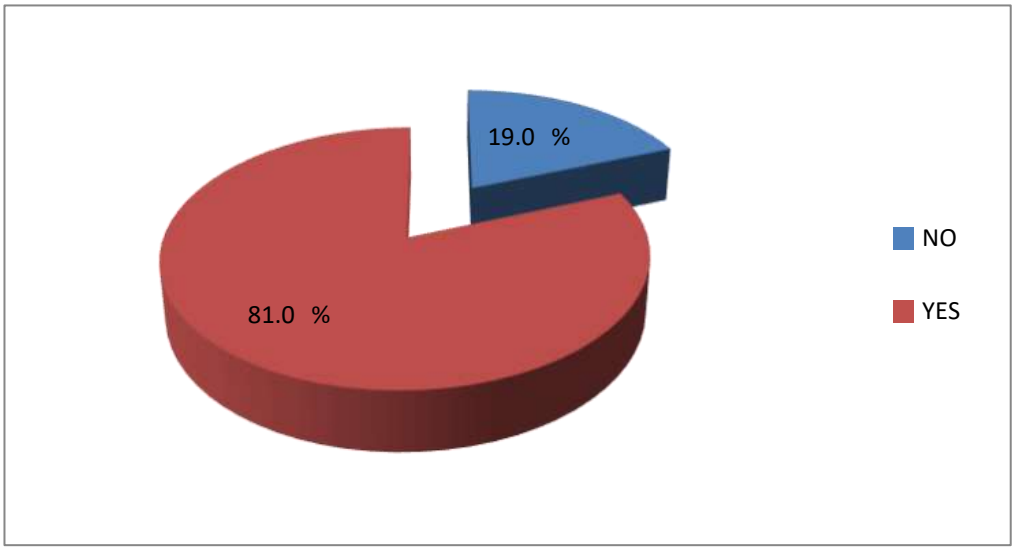


- Tenderness was the most common symptom

Table-6 Distribution according to coagulopathy

COAGULOPATHY	No. of cases	Percentage
NO	19	19.0%
YES	81	81.0%
Total	100	100.0%

Figure 20 Distribution according to coagulopathy

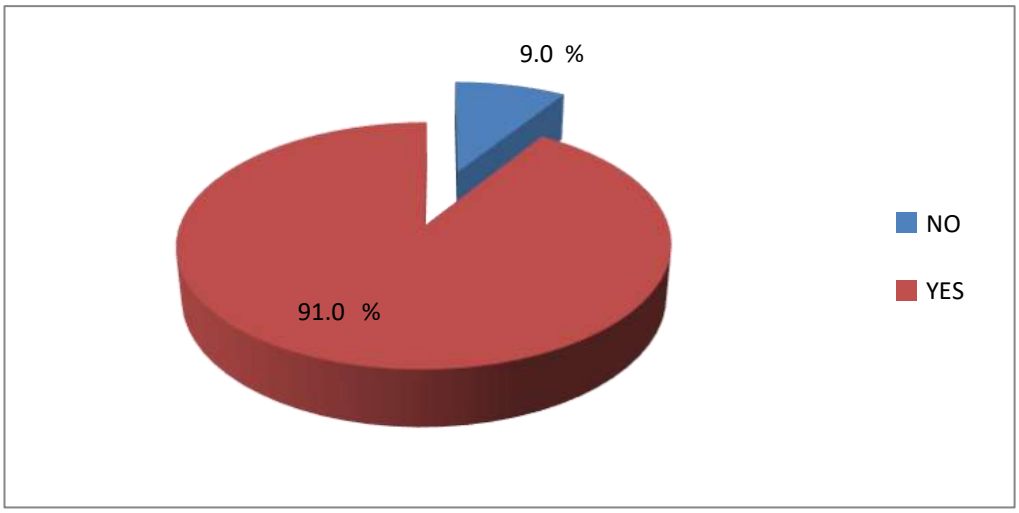


- Coagulopathy was found in 80% cases.

Table-7 Distribution according to radiological evidence of pancreatitis

EVIDENCE	No. of cases	Percentage
NO	9	9.0%
YES	91	91.0%
Total	100	100.0%

Figure-21 Distribution according to radiological evidence of pancreatitis

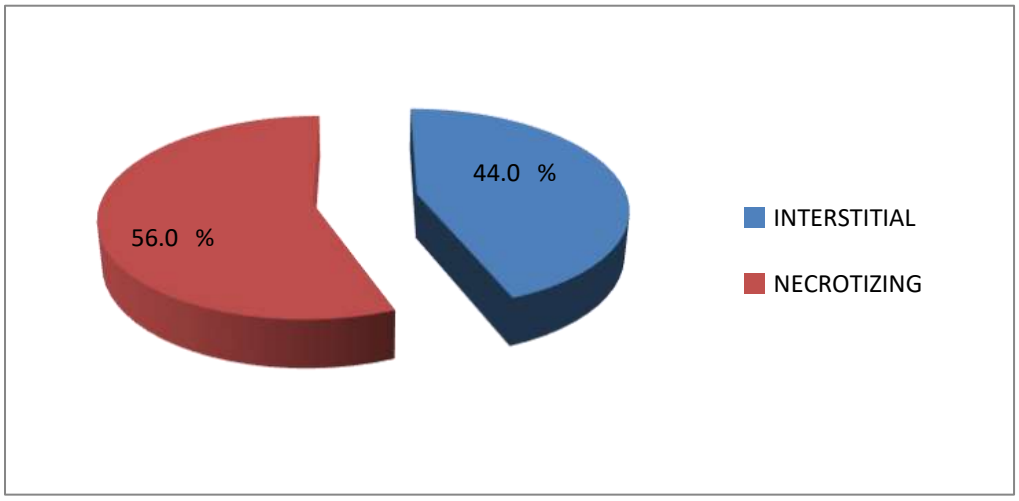


- Evidence of pancreatitis was found in 90% cases on radioimaging

Table-8 Distribution according to type of pancreatitis

TYPE OF PANCREATITIS	No. of cases	Percentage
INTERSTITIAL	44	44.0%
NECROTIZING	56	56.0%
Total	100	100%

Figure-22 Distribution according to type of pancreatitis

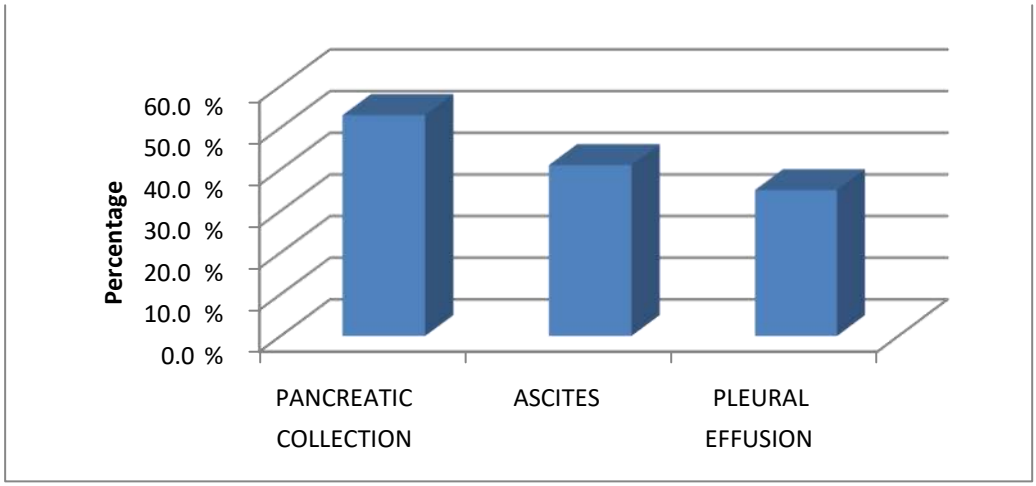


- Necrotizing type of pancreatitis seen in 56% cases

Table-9 Distribution according to complications

COMPLICATIONS_	No. of cases	Percentage
PANCREATIC COLLECTION	53	53.0%
ASCITES	41	41.0%
PLEURAL EFFUSION	35	35.0%

Figure-23 Distribution according to complications

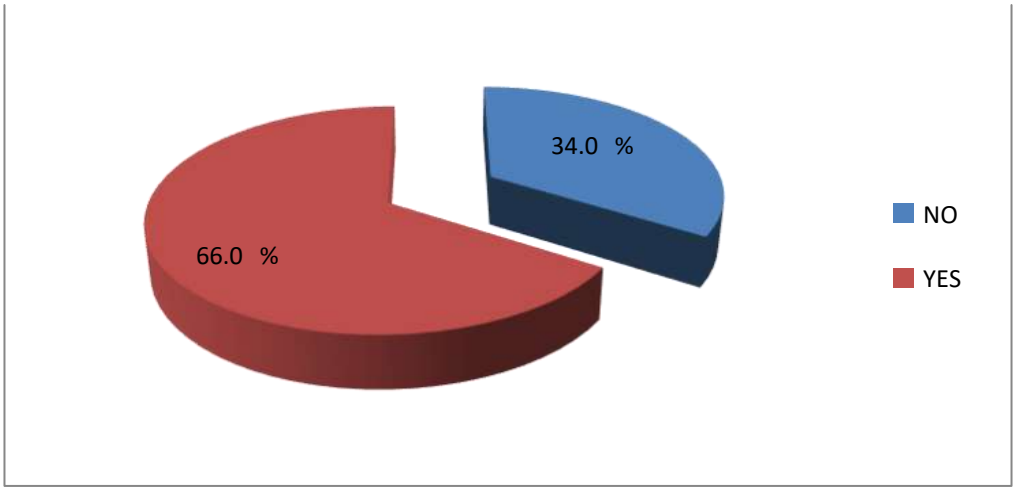


- Peripancreatic collection in 53% patients.

Table-10 Distribution according to need for NJFT

NEED FOR NJFT	No. of cases	Percentage
NO	34	34.0%
YES	66	66.0%
Total	100	100.0%

Figure-24 Distribution according to need for NJFT

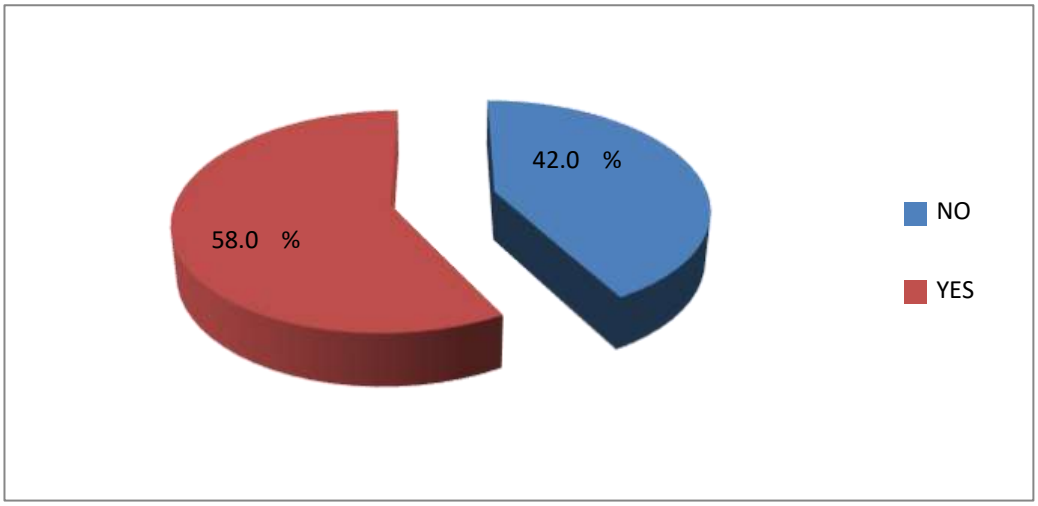


- NJFT was put in 66% cases.

Table-11 Distribution according to need for ICU care

NEED FOR ICU CARE	No. of cases	Percentage
NO	42	42.0%
YES	58	58.0%
Total	100	100.0%

Figure-25 Distribution according to need for ICU care

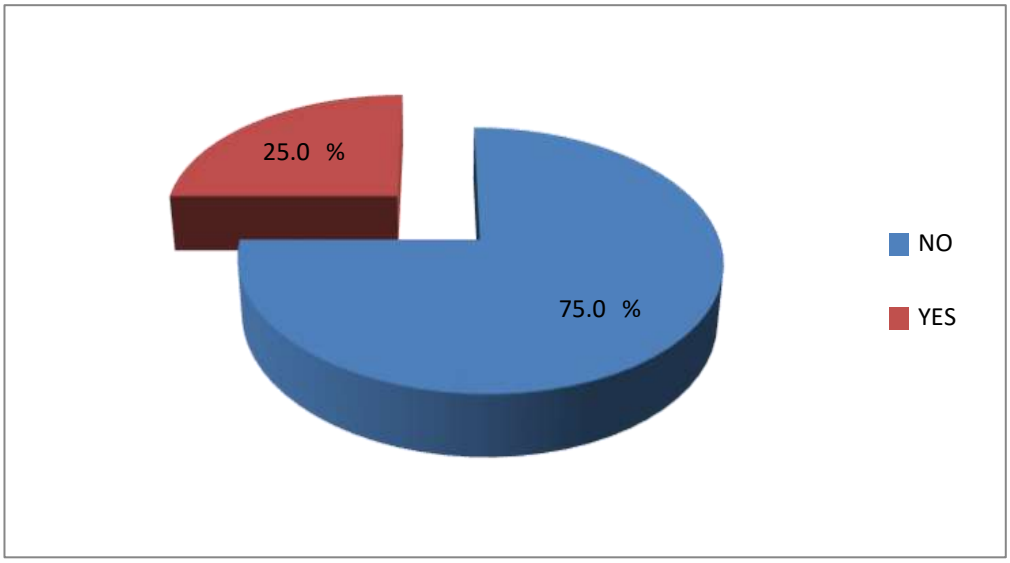


- 58 patients were admitted in ICU

Table-12 Distribution according to need for ventilator support

VENTILATORY SUPPORT	No. of cases	Percentage
NO	75	75.0%
YES	25	25.0%
Total	100	100.0%

Figure-26 Distribution according to need for ventilator support

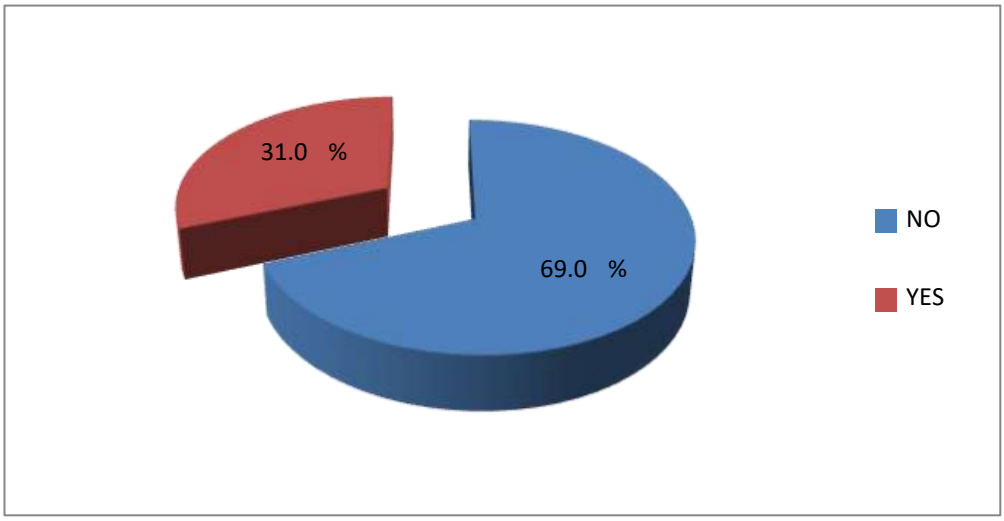


- 25 patients were put on ventilator support

Table -13 Distribution according to need for inotropes

NEED FOR INOTROPES	No. of cases	Percentage
NO	69	69.0%
YES	31	31.0%
Total	100	100.0%

Figure - 27 Distribution according to need for inotropes

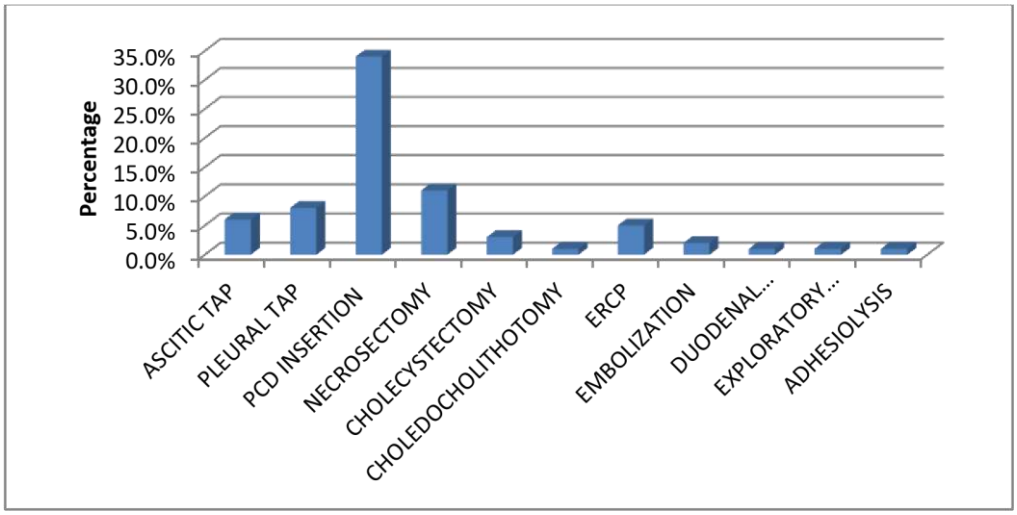


- 31 patients needed inotropes

Table -14 Distribution according to need for intervention

NEED FOR INTERVENTION	No. of cases	Percentage
ASCITIC TAP	6	6.0%
PLEURAL TAP	8	8.0%
PCD INSERTION	34	34.0%
NECROSECTOMY	11	11.0%
CHOLECYSTECTOMY	3	3.0%
CHOLEDOCHOLITHOTOMY	1	1.0%
ERCP	5	5.0%
EMBOLIZATION	2	2.0%
DUODENAL PERFORATION REPAIR	1	1.0%
EXPLORATORY LAPAROTOMY	1	1.0%
ADHESIOLYSIS	1	1.0%

Figure -28 Distribution according to need for intervention

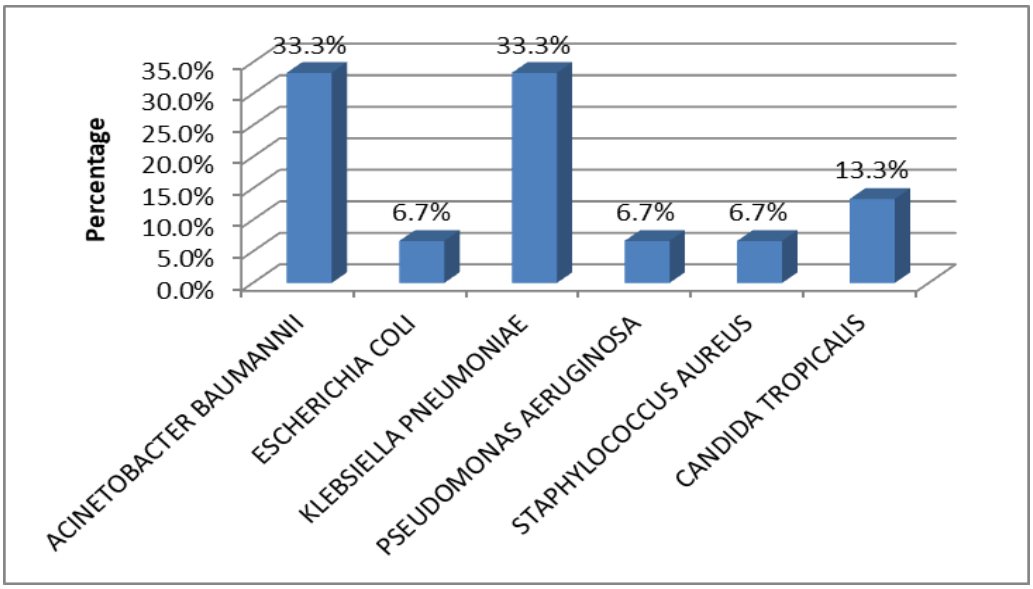


- PCD insertion for peripancreatic collection was required in 34 patients and necrosectomy in 11 patients and exploratory laparotomy in 1 patient. ERCP was performed in 5 patients and cholecystectomy in 3 cases.

Table -15 Distribution of blood isolates (N=15)

ISOLATES	n	%
ACINETOBACTER BAUMANNII	5	33.3%
ESCHERICHIA COLI	1	6.7%
KLEBSIELLA PNEUMONIAE	5	33.3%
PSEUDOMONAS AERUGINOSA	1	6.7%
STAPHYLOCOCCUS AUREUS	1	6.7%
CANDIDA TROPICALIS	2	13.3%

Figure -29 Distribution of blood isolates

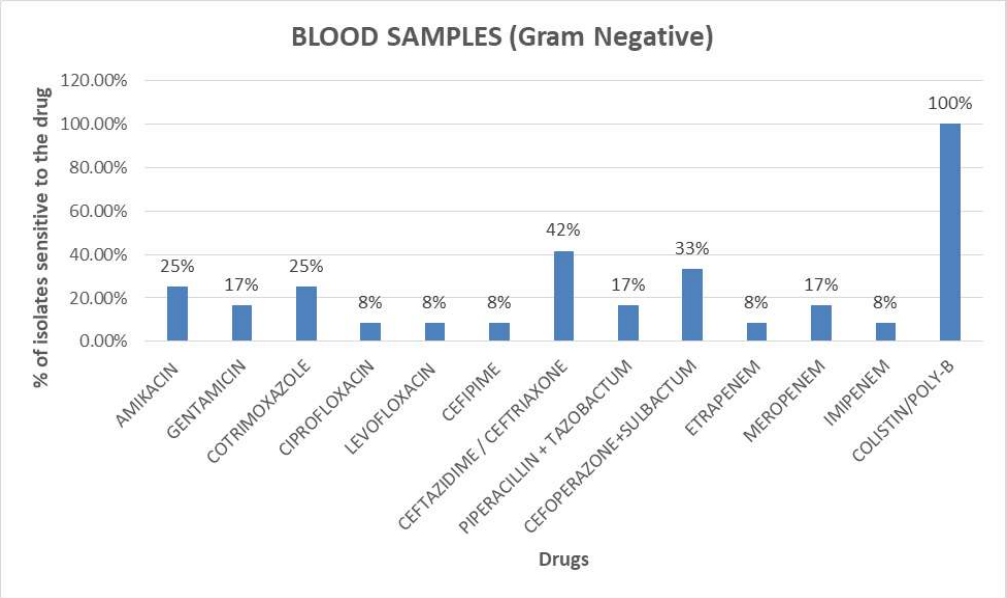


- In case of 62 blood samples, 14 samples showed growth and thus a positivity rate of 22.5%. 13 samples showed monomicrobial growth and 1 polymicrobial (1 sample having growth of 2 organisms) thus a total of 15 isolates obtained with K. pneumoniae and A. baumannii as most common organisms.

Table 16 Antimicrobial susceptibility profile of Gram negative blood isolates (n=12)

ANTIMICROBIAL AGENTS	n (%)
AMIKACIN	3 (25)
GENTAMICIN	2(16.6)
COTRIMOXAZOLE	3 (25)
CIPROFLOXACIN	1 (8.3)
LEVOFLOXACIN	1 (8.3)
CEFIPIME	1 (8.3)
CEFTAZIDIME / CEFTRIAXONE	5 (41.6)
PIPERACILLIN + TAZOBACTUM	2 (16.6)
CEFOPERAZONE+SULBACTUM	4 (33.3)
ETRAPENEM	1 (8.3)
MEROPENEM	2 (16.6)
IMIPENEM	1 (8.3)
COLISTIN/POLY-B	12 (100)

Figure 30 Antimicrobial susceptibility profile of Gram negative blood isolates (n=12)

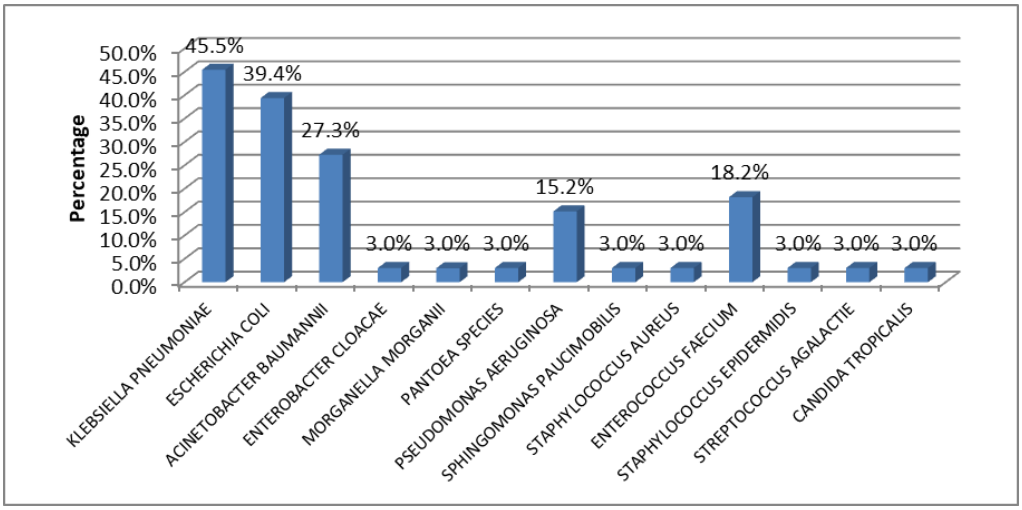


- All Gram negative isolates were sensitive to Colistin and high resistance was observed to quinolones, aminoglycosides, cephalosporins and carbapenems. S. aureus isolate was sensitive to vancomycin, teicoplanin and linezolid.

Table-17 Distribution of peripancreatic collection isolates (n=56)

ISOLATES	n	%
KLEBSIELLA PNEUMONIAE	15	45.5%
ESCHERICHIA COLI	13	39.4%
ACINETOBACTER BAUMANNII	9	27.3%
ENTEROBACTER CLOACAE	1	3.0%
MORGANELLA MORGANII	1	3.0%
PANTOEA SPECIES	1	3.0%
PSEUDOMONAS AERUGINOSA	5	15.2%
SPHINGOMONAS PAUCIMOBILIS	1	3.0%
STAPHYLOCOCCUS AUREUS	1	3.0%
ENTEROCOCCUS FAECIUM	6	18.2%
STAPHYLOCOCCUS EPIDERMIDIS	1	3.0%
STREPTOCOCCUS AGALACTIE	1	3.0%
CANDIDA TROPICALIS	1	3.0%

Figure-31 Distribution of peripancreatic collection isolates



- In case of 44 Peripancreatic Collection Samples, there were 40 samples showing growth thus positivity rate of 90.9%. 25 samples showed monomicrobial growth and 15 polymicrobial (14 samples showing 2 organisms and 1 sample showing triple organisms) thus a total of 56 isolates obtained. Gram negative isolates were predominant. K. pneumoniae and E. coli were the most common isolates.

Table 18 Antimicrobial susceptibility profile of Gram negative peripancreatic isolates (n=46)

ANTIMICROBIAL AGENTS	n (%)
AMIKACIN	22 (47.8)
GENTAMICIN	16 (34.7)
COTRIMOXAZOLE	12 (26.08)
AMPICILLIN	2 (4.3)
CEFTRIAXONE	2(4.3)
CEFTAZIDIME	3 (6.5)
CEFIXIME	2 (4.3)
CEFIPIME	8 (17.3)
CIPROFLOXACIN	7 (15.2)
LEVOFLOXACIN	6 (13.04)
CEFUROXIME + SULBACTUM	12 (26.08)
PIPERACILLIN + TAZOBACTUM	10 (21.7)
TICARCILLIN	2 (4.3)
AMOXICLAV	4 (8.6)
ETRAPENEM	4 (8.6)
MEROPENEM	6 (13.04)
DORIPENEM	3 (6.5)
IMIPENEM	9 (19.5)
AZTREONAM	2 (4.3)
MINOCYCLINE	8 (17.3)
TIGECYCLINE	15 (32.6)
COLISTIN/POLY-B	39 (84.7)

Figure 32 Antimicrobial susceptibility profile of Gram negative peripancreatic isolates (n=46)

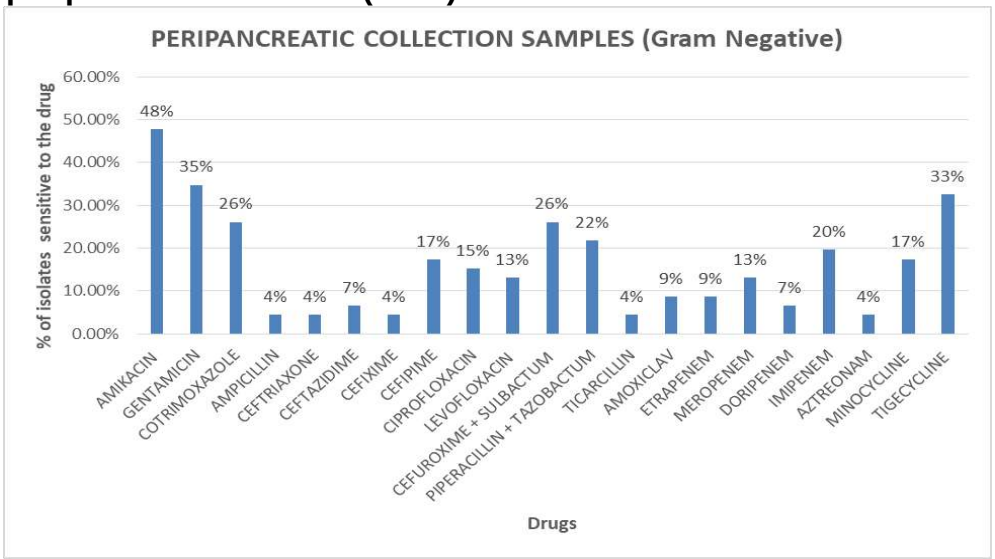
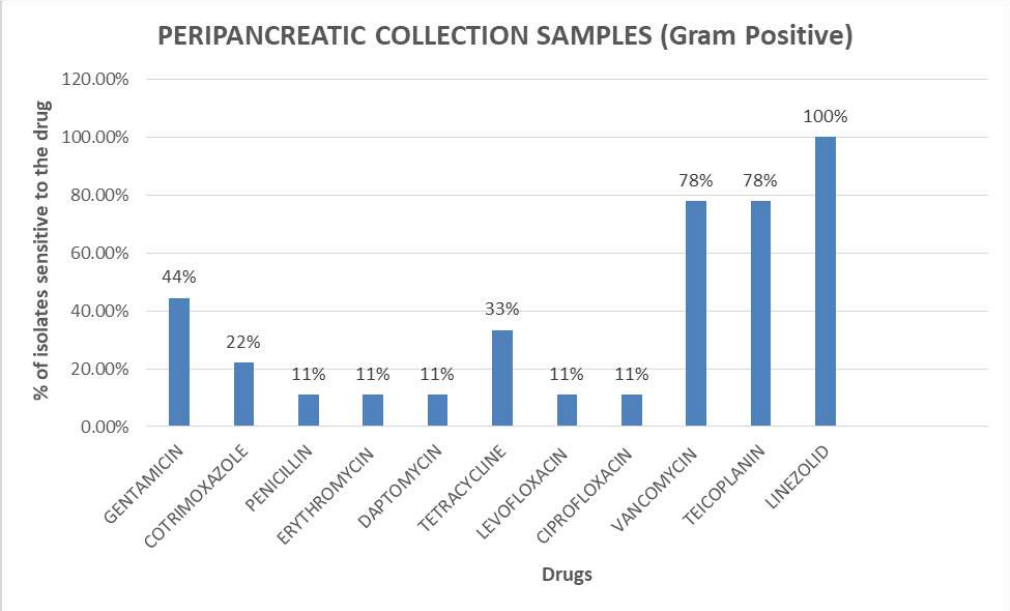


Table 19 Antimicrobial susceptibility profile of Gram positive peripancreatic isolates (n=9)

ANTIMICROBIAL AGENTS	n (%)
GENTAMICIN	4 (44.4)
COTRIMOXAZOLE	2 (22.2)
PENICILLIN	1 (11.1)
ERYTHROMYCIN	1 (11.1)
DAPTOMYCIN	1 (11.1)
TETRACYCLINE	3 (33.3)
LEVOFLOXACIN	1 (11.1)
CIPROFLOXACIN	1 (11.1)
VANCOMYCIN	7 (77.7)
TEICOPLANIN	7 (77.7)
LINEZOLID	9 (100)

Figure 33 Antimicrobial susceptibility profile of Gram positive peripancreatic isolates

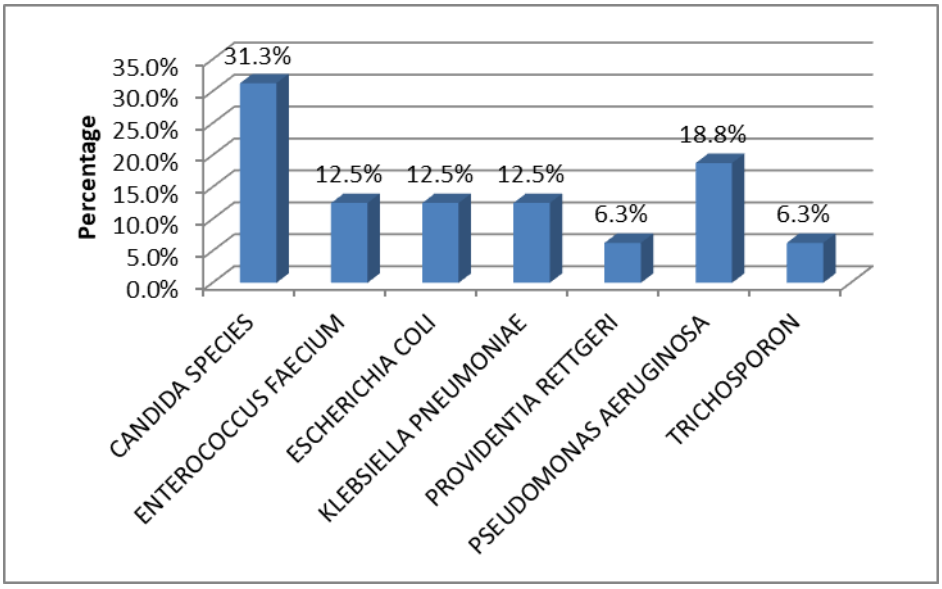


- The Gram negative isolates were found to be sensitive to colistin, aminoglycosides and tigecycline and high resistance was seen to penicillins, cephalosporins, quinolones and carbapenems. Gram positive isolates were 100% sensitive to linezolid and highly sensitive to vancomycin and teicoplanin. 2 (33.3%) Enterococcus isolates were found to be vancomycin resistant.

Table - 20 Distribution of urine isolates (n=16)

ISOLATES	n	%
CANDIDA SPECIES	5	31.3%
ENTEROCOCCUS FAECIUM	2	12.5%
ESCHERICHIA COLI	2	12.5%
KLEBSIELLA PNEUMONIAE	2	12.5%
PROVIDENTIA RETTGERI	1	6.3%
PSEUDOMONAS AERUGINOSA	3	18.8%
TRICHOSPORON SPECIES	1	6.3%

Figure -34 Distribution of urine isolates

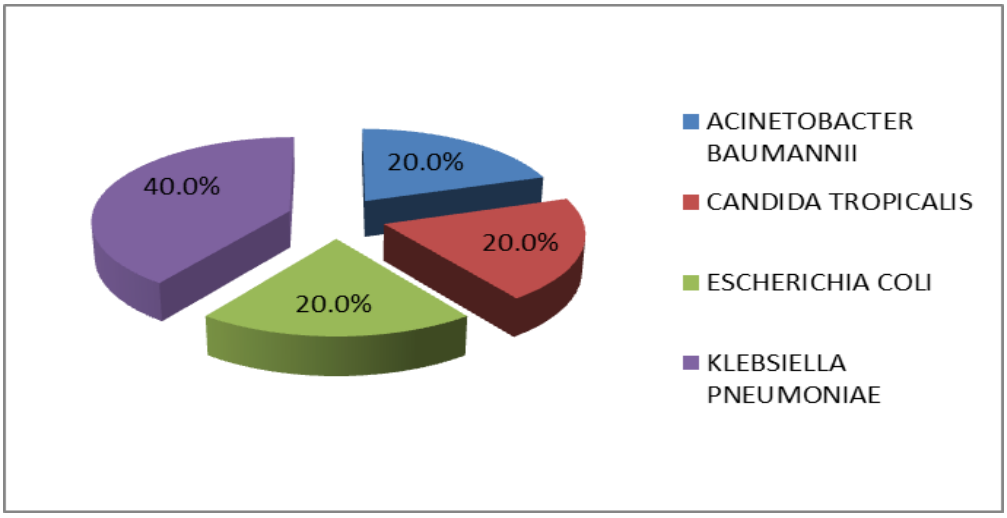


- Concurrent UTI was seen in 15 patients out of 49 thus positivity rate = 30.6% with 16 isolates and Candida species as the most common isolates which were 100% sensitive to azoles, echinocandins and ampho-B. 2 isolates of Enterococcus were 100% sensitive to linezolid and 50% sensitive to teicoplanin.

Table 21 Distribution of ascitic fluid isolates (n=5)

ISOLATES	n	%
ACINETOBACTER BAUMANNII	1	20.0%
CANDIDA TROPICALIS	1	20.0%
ESCHERICHIA COLI	1	20.0%
KLEBSIELLA PNEUMONIAE	2	40.0%

Figure – 35 Distribution of ascitic fluid isolates

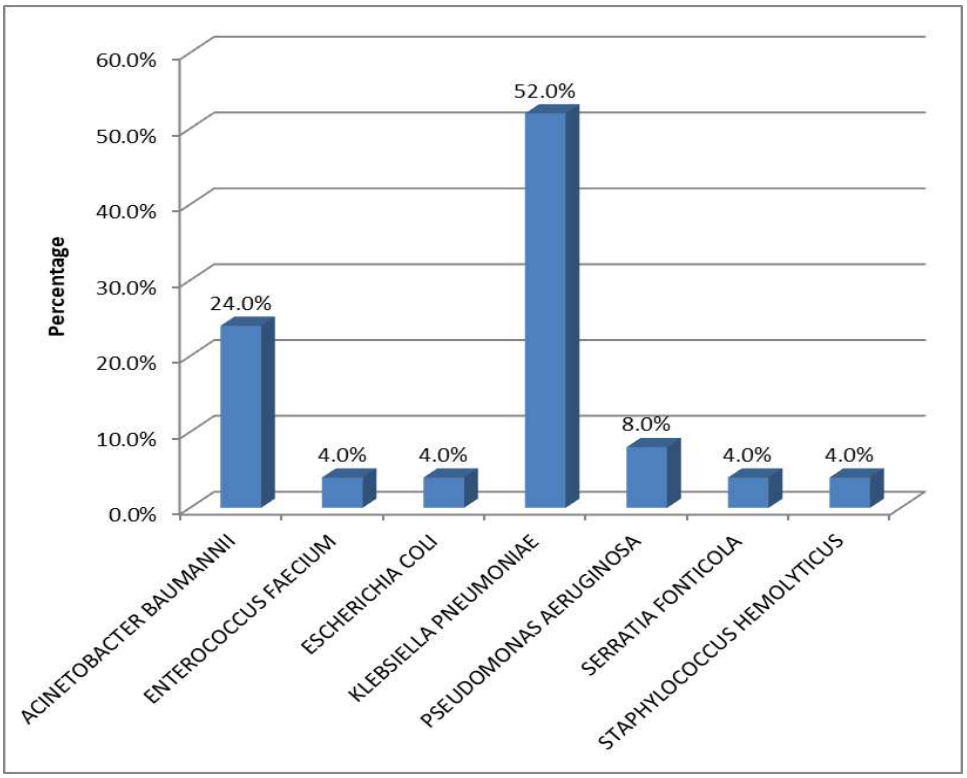


- Out of 13 Ascitic fluid samples growth was seen in 5 samples thus positivity rate of 38.4%. K. pneumoniae Isolates showed 100% sensitivity to colistin and 50% to tigecycline.

Table 22 Distribution of respiratory isolates (n=25)

ISOLATES	n	%
ACINETOBACTER BAUMANNII	6	24.0%
ENTEROCOCCUS FAECIUM	1	4.0%
ESCHERICHIA COLI	1	4.0%
KLEBSIELLA PNEUMONIAE	13	52.0%
PSEUDOMONAS AERUGINOSA	2	8.0%
SERRATIA FONTICOLA	1	4.0%
STAPHYLOCOCCUS HEMOLYTICUS	1	4.0%

Figure - 36 Distribution of respiratory isolates

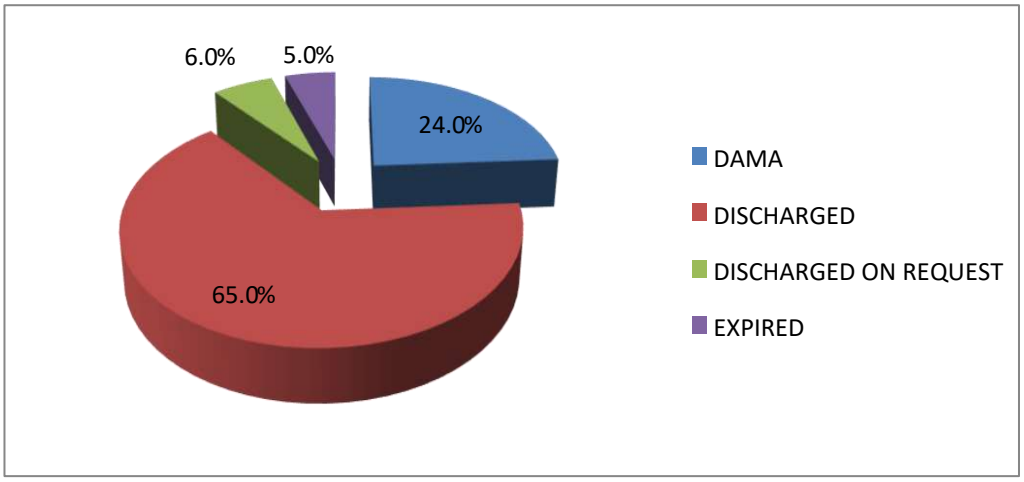


- For 31 respiratory samples, 25 samples showed isolates thus positivity rate of 80.6%. K. pneumonaie was found to be the most common isolate with 92% sensitivity to colistin.

Table -23 Distributions according to final outcome

FINAL OUTCOME	No. of cases	Percentage
DAMA	24	24.0%
DISCHARGED	65	65.0%
DISCHARGED ON REQUEST	6	6.0%
EXPIRED	5	5.0%
Total	100	100.0%

Figure - 37 Distribution according to final outcome



Details of patients who expired

Number = 5

Most common cause of pancreatitis = Alcohol

Hepatorenal involvement was seen in 3 patients.

Coagulopathy was seen in all 5 patients.

Ascites and pleural effusion was seen in 4 patients.

Average CRP = 181.5

Necrotizing pancreatitis was seen in 3 cases.

Average length of stay in the hospital = 21.2 days

All the cases required ICU care and ventilator and inotropes support

Acinetobacter baumanii was seen as blood isolate in one patient which was sensitive to colistin.

Details of patients who took DAMA

Number = 24

Most common cause of pancreatitis = Alcohol

Coagulopathy was found in 22 patients

Ascites and pleural effusion seen in 15 and 17 patients respectively

Average CRP = 188.5.

Necrotizing pancreatitis was seen in 21 cases.

Average length of stay in the hospital was 28.1 days

Cases requiring ICU care = 22

Cases requiring ventilator support = 16

Cases requiring inotropes support = 17

K. pneumoniae was seen as most common blood isolate with 50% sensitivity to amikacin and 100% to colistin.

E. coli was seen in peripancreatic collection which was 50% sensitive colistin and 100% sensitive to amikacin.

DISCUSSION

We conducted a prospective and observational study on patients admitted due to acute pancreatitis in department of medicine, surgery and other allied specialties.

It was carried in 100 patients at DMCH Ludhiana.

All these patients were studied and evaluated as per protocol and underwent clinical examination and laboratory investigations.

Etiology, epidemiology, signs and symptoms, imaging findings, and treatment choices were recorded and evaluated. We also studied the microbiological profile and culture positivity of various samples of these patients and also studied the sensitivity to various drugs.

Symptoms were broad but abdominal pain and nausea and vomiting were the most prevalent symptoms. Abdominal tenderness was most sign.

Various studies have been conducted discussing the prevalence of pancreatitis in males and females.

In a study conducted by SE Roberts et al, the incidence among women aged <35 years was 7.9% per year and among men aged 35–44 (5.7%) and 45–54 (5.3%). [59]

In the same study, incidence was 3.9 times higher for alcoholic acute pancreatitis and 1.5 times for gallstone acute pancreatitis. There was also increase in number of cases of acute pancreatitis during the Christmas and New Year weeks by 48% for alcoholic aetiology, but not for gallstone aetiology (9%). Incidence was higher in case of spirits and beer and not wine. [59]

A study conducted by Maryam Nesvaderani et al showed females were two times more likely to have gallstone pancreatitis, whilst alcohol induced pancreatitis was less likely to occur in females.[60]

Vengadakrishnan and Koushik et al. conducted a study in which they showed males had higher incidence of acute pancreatitis. [61]

Lindkvist et al. had similar findings in their study showing males being affected with higher incidence. [62]

Lauret Braña E et al in their study showed gallstones are the leading cause of pancreatitis (35-45%) and the risk increases with the age, female gender and small gallstones. They also showed that obesity is likely to contribute to pancreatitis by increasing gallstone formation. [63]

In the study by Enas Ahmed Reda Alkareemy et al they showed gallstone was the most frequent etiology (56%) followed by idiopathic pancreatitis (26%). [64]

Baig et al. observed alcohol was the most common cause followed by biliary stones. [65]

Wang et al. confirmed that biliary stones (38%) and alcohol abuse (36%) were the most frequent causes of acute pancreatitis.[66]

In our study, gall stone and alcohol induced pancreatitis was seen predominantly in males.

We also found that gall stones were the most common cause (44%) of acute pancreatitis followed by alcohol (31%).

In the study conducted by Enas Ahmed Reda Alkareemy et al the mean age of patients was 50.96 ± 9.71 years. [64]

Pawan Kumar Jha et al in their study found that the mean age of patients with acute pancreatitis was 40.7 years and most common age group involved was of 36-45 years (36.5%) followed by 25-35 years (25%). The minimum age of patient was 9 years and maximum age was 72 years with minimum number of patients seen below the age group of 25 years (8.7%).[67]

The study on 602 patients by Lankisch et al showed the maximum incidence of acute pancreatitis was in age group of 31-40 years. [68]

Nesvaderani et al. conducted a study in which the mean age of pancreatitis patients was found to be 50 years.[60]

Vengadakrishnan and Koushik in their study observed that highest incidence was in the age group of 21 to 40 years. [61]

Ekka et al. in their study found that 40% patients of pancreatitis were in the 4th decade of their life with a mean age of 36.14 years. [69]

In our study, mean age was 43.67 ± 15.13 years with most common age group of 31 - 40 years.

Enas Ahmed Reda Alkareemy et al also found out that complications were seen in 28% cases.[64]

In comparison to our study, complications were seen in the form coagulopathy in 81% patients and peripancreatic collection (53%) and ascites and pleural effusion.

In another study by Faraz Shafiq et al total 186 patients were included, out of which 85 patients were admitted in ICU that is 45% admission rate for patients with acute pancreatitis was seen. [70]

While in our study, ICU was needed in 58 patients out of total 100.

In the same study by Faraz Shafiq et al, it was shown, after admitting to ICU, 82% that is 70 patients required mechanical ventilation. Similarly 80% patients (68 in number) required inotropic support. [70]

A study was conducted by Santhi Swaroop Vege in which intra-abdominal microbiology cultures of 207 patients in the Mayo Clinic (Rochester, Minnesota) between 1992 and 2001 were reviewed and patients were divided into three groups- intra-abdominal bacterial infection (IBI), intra-abdominal fungal infection (IFI), and no intra-abdominal infection (NII). Patients with IFI had longer hospital (63 vs. 37 days, P<0.01) and ICU (28 vs. 9 days, P<0.01) stays and higher rates of organ failure (73 vs. 47%, P<0.04), but similar mortality rates (20 vs. 17%, P0.41) in comparison to patients with IBI.[71]

Giedrius Barauskas et al compared the course and outcome of patients with alcohol related and biliary pancreatitis and found that patients with alcohol related pancreatitis were more complicated and were more often in need of ICU care and higher mortality and longer stay in the hospital.[72]

In our study we found out that 25 patients of the total 100 were put on ventilator and 31 given inotrope support.

Faraz Shafiq et al also found surgical intervention was required in 12% (10 patients), while only 2.4% (2 patients) required radiological intervention.[70]

Giedrius Barauskas et al in their study found that interventional procedures were more often done in alcohol related pancreatitis than biliary pancreatitis.[72]

But in our study we found 34 patients were in need of PCD insertion and 11 underwent necrosectomy.

Enas Ahmed Reda Alkareemy et al found the mean hospital stay in studied patientswas 6.89 ± 1.98 days. The majority (92%) of patients improved while 4 patients (8%) died.[64]

SE Roberts et al in their study found that mortality was 6.4% at 60 days. [59]

In our study, the mean length of hospital stay was 19.78 ± 17.51 days. Final outcome of patients included 65% discharged, 6% discharged at request, 24% took DAMA and 5% expired.

Nicole B. Barilet al conducted a study in which aspirations of pancreatic collections were performed in 82 patients and samples sent for culture showing no growth in 40 patients and positive in 42. Twenty-nine patients had gram-positive organisms, 28 had gram-negative organisms, and 14 had yeast. Nineteen patients (45%) had multiple organisms, including one patient with four bacteria identified in a single aspirate. No anaerobic organisms were isolated on any aspirate. Staphylococcus was most common organism isolated. The death rates were 12% for culture-positive patients and 8% for the entire 82 patients. [73]

In a study done by Giedrius Barauskas et al it was found that number of bacterial isolates from the alcoholic pancreatitis patients was higher as compared to biliary pancreatitis (168 vs. 68). In alcohol related pancreatitis group there was higher prevalence of bacteria from Enterobacteriaceae,Staphylococcaceae,Streptococcaceae,Corynebacteriace ae, and Pseudomonadaceae families and the Acinetobacter genus. Proteus spp. genus of Enterobacteriaceae family was most common isolate from this group (13.1% vs. 2.9%, *P* = *Candida* spp. Was frequently isolated from the biliary group (4.2% vs. 19.1%, *P* = 0.002).[72]

In the study conducted by Santhi Swaroop Vege,52% of patients had an intraabdominal infection (bacterial infections) and 15% developed concomitant fungal infections, of which 7 were primary and 23 secondary fungal infections.[71]

While in our study we studied the culture and sensitivity in samples from various sites in 100 patients. 209 samples were collected from various sites in 100 patients. In case of 62 blood samples, 14 samples showed growth and thus a positivity rate of 22.5%. 13 samples showed monomicrobial growth and 1 polymicrobial (1 sample having growth of 2 organisms) thus a total of 15 isolates obtained with K. pneumonia and A. baumannii as most common organisms. All Gram negative isolates were sensitive to Colistin and high resistance was observed to quinolones, aminoglycosides, cephalosporins and carbapenems. S. aureus isolate was sensitive to vancomycin, teicoplanin and linezolid.

In case of 44 Peripancreatic Collection Samples, there were 40 samples showing growth thus positivity rate of 90.9%. 25 samples showed monomicrobial growth and 15 polymicrobial (14 samples showing 2 organisms and 1 sample showing triple organisms) thus a total of 56 isolates obtained. Gram negative isolates were predominant. K. pneumoniae and E. coli were the most common isolates. The Gram negative isolates were found to be sensitive to colistin, aminoglycosides and tigecycline and high resistance was seen to penicillins, cephalosporins, quinolones and carbapenems. Gram positive isolates were 100% sensitive to linezolid and highly sensitive to vancomycin and teicoplanin. 2 (33.3%) Enterococcus isolates were found to be vancomycin resistant.

Concurrent UTI was seen in 15 patients out of 49 thus positivity rate = 30.6% with 16 isolates and Candida species as the most common isolates which were 100% sensitive to azoles, echinocandins and ampho-B. 2 isolates of Enterococcus were 100% sensitive to linezolid and 50% sensitive to teicoplanin.

Out of 13 Ascitic fluid samples growth was seen in 5 samples thus positivity rate of 38.4%. K. pneumoniae Isolates showed 100% sensitivity to colistin and 50% to tigecycline.

For 31 respiratory samples, 25 samples showed isolates thus positivity rate of 80.6%. K. pneumonaie was found to be the most common isolate with 92% sensitivity to colistin.

SUMMARY AND CONCLUSION

- 100 patients of acute pancreatitis were studied and males (67%) of age group of 31-40 (27%) were found to be predominantly affected.
- Most common etiology was gall stone (44%) followed by alcohol (31%)
- Pain abdomen (100%) and tenderness (100%) being the most common symptom and sign
- Evidence of pancreatitis was found on radio-imaging in 91% with with necrotizing type in 56% cases with peripancreatic collection in 53% patients.
- 58 patients were admitted in ICU with ventilator support with inotropes given to 25% and 31% cases respectively.
- PCD insertion for peripancreatic collection was required in 34 patients and necrosectomy in 11 patients.
- 209 samples were collected from various sites in 100 patients.
- In case of 62 blood samples, 14 samples showed growth and thus a positivity rate of 22.5%. 13 samples showed monomicrobial growth and 1 polymicrobial (1 sample having growth of 2 organisms) thus a total of 15 isolates obtained with K. pneumonia and A. baumannii as most common organisms. All Gram negative isolates were sensitive to Colistin and high resistance was observed to quinolones, aminoglycosides, cephalosporins and carbapenems. S. aureus isolate was sensitive to vancomycin, teicoplanin and linezolid.
- In case of 44 Peripancreatic Collection Samples, there were 40 samples showing growth thus positivity rate of 90.9%. 25 samples showed monomicrobial growth and 15 polymicrobial (14 samples showing 2 organisms and 1 sample showing triple organisms) thus a total of 56 isolates obtained. Gram negative isolates were predominant. K. pneumoniae and E. coli were the most common isolates. The Gram negative isolates were found to be sensitive to colistin, aminoglycosides and tigecycline and high resistance was seen to penicillins, cephalosporins, quinolones and carbapenems.

Gram positive isolates were 100% sensitive to linezolid and highly sensitive to vancomycin and teicoplanin. 2 (33.3%) Enterococcus isolates were found to be vancomycin resistant.

- Concurrent UTI was seen in 15 patients out of 49 thus positivity rate = 30.6% with 16 isolates and Candida species as the most common isolates which were 100% sensitive to azoles, echinocandins and ampho-B. 2 isolates of Enterococcus were 100% sensitive to linezolid and 50% sensitive to teicoplanin.
- Out of 13 Ascitic fluid samples growth was seen in 5 samples thus positivity rate of 38.4%. K. pneumoniae Isolates showed 100% sensitivity to colistin and 50% to tigecycline.
- For 31 respiratory samples, 25 samples showed isolates thus positivity rate of 80.6%. K. pneumonaie was found to be the most common isolate with 92% sensitivity to colistin.
- Mean length of stay in the hospital was 19 days.
- Final outcome of patients included 65% discharged, 6% discharged at request, 24% took DAMA and 5% expired.

LIMITATIONS

In this study some etiological factors like hypertriglyceridemia was not considered in each and every patient. It could be a concomitant risk factor for pancreatitis.

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S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
1	1433914	GS	63	5	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	60	4	F	YES	NO	NO	YES	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	31	2	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1324539	VK	60	4	F	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
5	1311099	GS	28	1	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
6	1321161	P	29	1	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	55	4	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
8	1326401	MK	35	2	M	NO	YES	NO	NO	NO	YES	-	YES	NO	NO	YES
9	1321148	DS	18	1	M	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	NO	YES	NO
10	1325867	NK	36	2	F	YES	NO	NO	NO	NO	NO	-	YES	YES	NO	NO
11	1326859	KS	43	3	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
12	1314183	RS	50	3	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	1324050	SK	58	4	M	NO	YES	NO	YES	NO	NO	-	YES	NO	NO	NO
14	1311541	RS	20	1	M	NO	NO	NO	NO	NO	NO	GYM SUPPLEMENTS	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	1327509	PS	34	2	M	NO	YES	NO	YES	NO	NO	-	YES	YES	NO	NO

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
1	1433914	GS	YES	NO	YES	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	YES	NO	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	YES	NO	NO	YES	DECREASED	NO	YES	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1324539	VK	YES	NO	YES	YES	NORMAL	NO	YES	NO	YES	NO	YES	YES	NO	NO
5	1311099	GS	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	NO	NO
6	1321161	P	YES	NO	YES	YES	DECREASED	YES	NO	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	YES	NO	NO	NO	DECREASED	NO	NO	NO	YES	NO	NO	NO	YES	NO
8	1326401	MK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
9	1321148	DS	NO	YES	NO	NO	NORMAL	NO	NO	NO	YES	YES	NO	NO	NO	NO
10	1325867	NK	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	YES	NO
11	1326859	KS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	YES	YES	NO	NO	NO
12	1314183	RS	YES	NO	NO	YES	NORMAL	YES	NO	NO	YES	YES	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	1324050	SK	NO	NO	NO	YES	DECREASED	YES	NO	NO	YES	YES	NO	YES	NO	NO
14	1311541	RS	YES	NO	NO	YES	DECREASED	NO	NO	NO	YES	NO	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	1327509	PS	NO	YES	NO	YES	NORMAL	NO	NO	NO	NO	NO	YES	YES	YES	NO

S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
1	1433914	GS	98	RA	106	22	110	80	AFEBRILE	12.9	12.2	150	15.4	1.41	YES	0.86	0.31	120	34	78	3.02	5.5	127	3.84	140	4.7	106
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	98	RA	110	18	130	70	AFEBRILE	8.4	9.9	225	13.2	1.03	NO	5.28	4.2	204	126	899	3.74	6.9	24	0.66	138	3.66	101
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	98	RA	88	20	110	70	AFEBRILE	5.6	12.4	120	18.4	1.68	YES	4.69	3.33	118	53	114	3.31	5.5	56	2.83	143	5.23	108
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1324539	VK	98	RA	108	22	140	80	99.6	13.2	12.1	150	15.4	1.41	YES	5.65	4.65	161	223	300	3.36	5.8	23	0.56	137	3.52	98
5	1311099	GS	94	RA	104	24	110	70	AFEBRILE	28.4	12.8	219	15.5	1.42	YES	1.58	0.48	32	18	100	3.13	5.8	29	0.65	139	3.84	100
6	1321161	P	97	RA	80	20	110	80	AFEBRILE	10.05	17.8	117	-	-	-	1.24	0.48	85	34	81	3.99	6.9	28	0.98	139	4.38	107
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	98	RA	140	20	150	90	99	9.7	12.5	188	11.3	1.04	NO	0.73	0.29	159	135	131	4.11	7.4	21	0.61	140	3.7	104
8	1326401	MK	98	RA	88	20	120	80	AFEBRILE	4.42	13.7	146	-	-	-	0.44	0.17	31	23	140	3.97	6.7	15	0.64	133	4.9	94
9	1321148	DS	98	RA	100	24	150	100	100	16.64	12.3	259	-	-	-	1.78	0.68	29	24	114	3.24	6.7	13	0.38	133	3.22	95
10	1325867	NK	95	RA	120	22	110	60	AFEBRILE	11.63	9.4	195	15.5	1.42	YES	1.03	0.61	25	66	225	3.15	7.5	12	0.53	140	3.19	107
11	1326859	KS	97	RA	68	20	160	100	AFEBRILE	15.9	16.1	148	13.1	1.2	YES	1.55	0.59	38	25	85	3.99	7	39	0.88	138	4.67	101
12	1314183	RS	97	RA	110	28	150	90	AFEBRILE	8.5	11	123	11.4	1.05	NO	0.87	0.69	47	23	52	3.04	5.5	57	1.05	148	3.73	110
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13	1324050	SK	85	RA	106	24	140	90	AFEBRILE	13.2	15	90	12.5	1.15	YES	9.3	7.23	117	49	91	2.86	5.5	134	3.51	147	3.98	104
14	1311541	RS	90	RA	120	20	150	90	100	13.28	10	90	11.8	1.39	YES	1.03	0.33	29	20	51	2.45	4.6	173	5.7	145	3.8	109
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15	1327509	PS	98	RA	109	26	130	80	AFEBRILE	6.8	10.6	60	14.7	1.37	YES	0.82	0.45	166	49	65	2.51	4.6	70	3.18	133	3.95	103

S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
1	1433914	GS	879	367	4.3	48	276.93	1.58	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	494	521	9.9	256	92.18	0.26	YES	NECROTIZING	YES	NO	NO	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	519	1750	9.3	200	448.77	1.65	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
4	1324539	VK	2623	2352	7.6	120	214.49	-	YES	INTERSTITIAL	NO	YES	YES	-
5	1311099	GS	16	17	8.4	-	382.14	0.65	YES	NECROTIZING	YES	YES	YES	SPUTUM C/S
6	1321161	P	71	111	8	-	347.96	7.16	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
7	1325151	LK	3632	9258	9.3	115	4.95	0.11	YES	INTERSTITIAL	NO	NO	NO	-
8	1326401	MK	41	94	11.5	-	-	-	YES	INTERSTITIAL	NO	NO	NO	-
9	1321148	DS	95	130	7	-	162.89	-	YES	NECROTIZING	YES	NO	NO	-
10	1325867	NK	-	-	7.5	93	224.96	-	YES	INTERSTITIAL	NO	YES	NO	BLOOD C/S
11	1326859	KS	6600	1718	9.1	-	137.08	0.24	YES	NECROTIZING	YES	YES	NO	URINE C/S
12	1314183	RS	70	21	8	-	406	27.31	YES	INTERSTITIAL	NO	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	CENTRAL LINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	1324050	SK	-	216	7.2	332	417	2.17	YES	NECROTIZING	NO	NO	YES	BLOOD C/S
14	1311541	RS	112	89	8	229	130	1.36	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
15	1327509	PS	142	612	5.2	948	-	5.12	YES	NECROTIZING	YES	YES	YES	PERIPANCREATIC COLLECTION C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
1	1433914	GS	BLOOD C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	PSEUDOMONAS	-	R	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
2	1291551	HK	PERIPANCREATIC COLLECTION C/S	ENTEROBACTER CLOACAE	-	R	S	R	R	S	S	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
3	1315567	TPS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
-	-	-	URINE C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
-	-	-	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
4	1324539	VK	SPUTUM C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
5	1311099	GS	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
6	1321161	P	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
7	1325151	LK	-	-	-	-	-	-	-	-	-	-	-
8	1326401	MK	-	-	-	-	-	-	-	-	-	-	-
9	1321148	DS	-	-	-	-	-	-	-	-	-	-	-
10	1325867	NK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
11	1326859	KS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
12	1314183	RS	BLOOD C/S	STAPHYLOCOCCUS AUREUS	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	URINE C/S	TRICHOSPORON	-	-	-	-	-	-	-	-	-
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	CENTRAL LINE C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	CENTRAL LINE C/S	STAPHYLOCOCCUS AUREUS	-	-	-	-	-	-	-	-	-
13	1324050	SK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
14	1311541	RS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	S	R	R	R	R	S	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	STAPHYLOCOCCUS AUREUS	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	PSEUDOMONAS	-	S	R	R	R	R	S	R	R
15	1327509	PS	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	S	R	R	R	R	S	R	R

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
1	1433914	GS	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
2	1291551	HK	R	R	R	R	R	S	R	R	R	R	R	S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
4	1324539	VK	-	-	-	-	-	-	-	-	-	-	-	-
5	1311099	GS	R	R	S	R	R	R	R	R	R	R	R	R
6	1321161	P	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	-	-	-	-	-	-	-	-	-	-	-	-
8	1326401	MK	-	-	-	-	-	-	-	-	-	-	-	-
9	1321148	DS	-	-	-	-	-	-	-	-	-	-	-	-
10	1325867	NK	-	-	-	-	-	-	-	-	-	-	-	-
11	1326859	KS	-	-	-	-	-	-	-	-	-	-	-	-
12	1314183	RS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	1324050	SK	-	-	-	-	-	-	-	-	-	-	-	-
14	1311541	RS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	S	R	S	R	R	R	S
15	1327509	PS	R	R	R	R	R	S	R	R	R	R	R	S

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
1	1433914	GS	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
2	1291551	HK	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	S	S
3	1315567	TPS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	R	S	R	R	R	R	R	R	-	-	-
4	1324539	VK	-	-	-	-	-	-	-	-	-	-	-
5	1311099	GS	R	R	R	R	R	R	R	R	-	-	-
6	1321161	P	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	-	-	-	-	-	-	-	-	-	-	-
8	1326401	MK	-	-	-	-	-	-	-	-	-	-	-
9	1321148	DS	-	-	-	-	-	-	-	-	-	-	-
10	1325867	NK	-	-	-	-	-	-	-	-	-	-	-
11	1326859	KS	-	-	-	-	-	-	-	-	-	-	-
12	1314183	RS	-	-	-	-	-	-	-	-	R	R	R
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
13	1324050	SK	-	-	-	-	-	-	-	-	-	-	-
14	1311541	RS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	S	S	R	S	-	-	-
15	1327509	PS	R	R	R	R	R	R	R	R	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
1	1433914	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	S	R	R	S	R	R	R	R	R	R
3	1315567	TPS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1324539	VK	-	-	-	-	-	-	-	-	-	-	-	-	-
5	1311099	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
6	1321161	P	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	-	-	-	-	-	-	-	-	-	-	-	-	-
8	1326401	MK	-	-	-	-	-	-	-	-	-	-	-	-	-
9	1321148	DS	-	-	-	-	-	-	-	-	-	-	-	-	-
10	1325867	NK	-	-	-	-	-	-	-	-	-	-	-	-	-
11	1326859	KS	-	-	-	-	-	-	-	-	-	-	-	-	-
12	1314183	RS	R	R	R	R	R	R	R	S	R	S	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	S	R	R	S	R	R	R	R	R
13	1324050	SK	-	-	-	-	-	-	-	-	-	-	-	-	-
14	1311541	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	S	S	S	S	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	1327509	PS	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
1	1433914	GS	-	-	-	NEGATIVE	NEGATIVE	-	ZAVICEFTA, COLISTIN, AZTREONAM, IMIPENEM
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
2	1291551	HK	-	-	-	-	-	-	ZAVICEFTA, LEVOFLOXACIN, IMIPENEM, CEFOTAXIME
-	-	-	R	R	R	-	-	-	-
3	1315567	TPS	-	-	-	POSITIVE	NEGATIVE	STOOL FOR C. DIFFICILE +	MEROPENEM, TEICOPLANIN,METROGYL, OFLOXACIN,COLISITIN,FORCAN,ANIDULAFUNGIN
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	-	-	-	-
-	-	-	-	-	-	-	-	-	-
4	1324539	VK	-	-	-	-	-	-	TAZACT
5	1311099	GS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN,COLISTIN
6	1321161	P	-	-	-	-	-	-	TAZACT,MEROPENEM, TEICOPLANIN, DOXYCYCLINE, AZTREONAM, POLY B, FLUCONAZOLE
-	-	-	-	-	-	-	-	-	-
7	1325151	LK	-	-	-	-	-	-	CEFTRIAXONE
8	1326401	MK	-	-	-	-	-	-	CEFTRIAXONE
9	1321148	DS	-	-	-	-	-	-	IMIPENEM
10	1325867	NK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
11	1326859	KS	-	-	-	-	-	-	CEFOTAXIME
12	1314183	RS	R	S	S	-	-	-	MEROPENEM, TEICOPLANIN,TIGECYCLINE,COLISITIN,ZAVICEFTA,LEVONA DIFLOXACIN,VORICONAZOLE,CASPOFUNGIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
13	1324050	SK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
14	1311541	RS	-	-	-	NEGATIVE	POSITIVE	-	IMIPENEM, TEICOPLANIN,DOXYCYCLINE,METROGYL ,FLUCONAZOLE,ANIDULAFUNGIN,ZAVICEFTA
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
15	1327509	PS	-	-	-	-	-	-	CEFOTAXIME, METROGYL,IMIPENEM,COLISTIN,TIGECYCLINE,TAZACT

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
1	1433914	GS	37	YES	YES	YES	YES	PCD INSERTION, NECROSECTOMY	EXPIRED	-	-	-	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1291551	HK	17	NO	NO	NO	NO	PCD INSERTION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	1315567	TPS	30	YES	YES	NO	NO	PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	1324539	VK	5	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
5	1311099	GS	27	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
6	1321161	P	16	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1325151	LK	6	NO	NO	NO	NO	CHOLECYSTECTOMY	DISCHARGED	YES	-	-	-
8	1326401	MK	6	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
9	1321148	DS	10	YES	NO	NO	NO	-	DISCHARGED ON REQUEST	-	YES	-	-
10	1325867	NK	7	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
11	1326859	KS	16	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
12	1314183	RS	28	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	1324050	SK	24	YES	YES	NO	NO	PLEURAL TAP	DISCHARGED	YES	-	-	-
14	1311541	RS	10	YES	YES	NO	NO	PCD INSERTION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	1327509	PS	21	YES	NO	NO	NO	PCD INSERTION, NECROSECTOMY (PLANNED)	DAMA	-	-	YES	-

S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
16	1331171	IK	47	3	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	35	2	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	56	4	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	28	1	F	YES	NO	NO	NO	YES	NO	-	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	1453315	BS	88	5	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
21	1455277	RS	53	4	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	63	5	M	YES	YES	NO	NO	NO	NO	-	YES	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	47	3	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	46	3	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	1444382	PK	76	5	F	YES	NO	NO	YES	NO	NO	-	YES	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	19	1	F	NO	NO	NO	YES	NO	YES	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
16	1331171	IK	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	YES	YES	NO	YES	NORMAL	NO	NO	NO	NO	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	YES	NO	NO	YES	NORMAL	NO	YES	NO	YES	NO	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	1453315	BS	YES	NO	NO	NO	NORMAL	NO	NO	NO	NO	NO	NO	NO	YES	NO
21	1455277	RS	NO	NO	NO	YES	NORMAL	YES	NO	NO	NO	NO	NO	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	YES	NO	NO	NO	NORMAL	YES	YES	NO	YES	NO	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	NO	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	YES	NO	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	1444382	PK	YES	NO	NO	YES	DECREASED	YES	YES	NO	YES	NO	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	YES	NO	NO	NO	DECREASED	NO	NO	NO	YES	NO	NO	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
16	1331171	IK	98	RA	79	20	130	90	AFEBRILE	8	11.6	150	12.5	1.15	YES	0.72	0.36	67	229	161	3.9	6.3	12	0.64	140	3.62	110
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	98	RA	110	20	120	80	AFEBRILE	21.4	6.7	261	15.4	1.52	YES	1.39	0.54	38	9	109	2.46	6.6	174	6.49	135	3	101
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	96	BINASAL	112	20	160	80	AFEBRILE	15.9	3.61	275	12.3	1.13	YES	5.31	4.63	57	99	454	2.91	6.1	96	2.14	133	4.85	93
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	96	HIGH FLOW	120	28	130	80	AFEBRILE	19.9	4.7	764	14.9	1.36	YES	0.77	0.45	263	231	260	2.81	6.5	25	0.54	146	3.4	105
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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20	1453315	BS	96	RA	88	24	130	80	AFEBRILE	22.2	10.5	249	14.1	1.29	YES	0.48	0.34	85	95	391	3.09	5.9	34	0.8	142	3.76	107
21	1455277	RS	96	BINASAL	76	20	120	70	AFEBRILE	18.3	11.8	183	17.2	1.57	YES	1.18	0.43	83	38	86	2.93	5.6	19	0.66	132	3.32	95
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	88	RA	100	26	90	50	AFEBRILE	6.21	12.7	28	19.5	1.78	YES	5.74	3.76	158	260	181	2.57	5.3	81	1.48	131	3.24	98
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	98	RA	130	22	60	40	AFEBRILE	15.15	13.4	270	16.7	1.53	YES	1.1	0.72	59	154	122	2.47	4.6	110	2.87	141	4.57	112
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	95	HIGH FLOW	120	30	120	80	AFEBRILE	4.4	11.1	172	16.5	1.51	YES	0.71	0.51	14	10	75	2.63	5.7	30	1.19	134	4.3	97
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	1444382	PK	96	RA	88	24	130	80	AFEBRILE	6	11.1	193	13	1.19	YES	3.15	1.55	131	111	58	3.29	5.8	45	0.9	139	3.95	106
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	98	RA	80	20	120	80	AFEBRILE	15.7	8.5	411	13.2	1.21	YES	0.3	0.19	12	5	156	2.99	5.9	55	4.69	134	3.71	99
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
16	1331171	IK	943	1568	-	-	91.61	-	NO	INTERSTITIAL	NO	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
17	1410661	SA	165	137	8.1	69	-	-	YES	NECROTIZING	YES	YES	YES	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
18	1453195	AG	487	2059	8.9	-	-	0.56	YES	NECROTIZING	YES	YES	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
19	1454037	SK	54	24	7.8	212	170.37	0.33	YES	NECROTIZING	YES	YES	NO	SPUTUM C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
20	1453315	BS	68	61	8.6	113	19.54	-	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
21	1455277	RS	116	125	8.2	142	255	0.25	YES	NECROTIZING	YES	NO	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	37	23	8.4	261	27.51	-	YES	NECROTIZING	YES	YES	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	-	-	6.1	182	316.52	9.34	YES	NECROTIZING	YES	NO	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
24	1443175	JKV	21	21	7.7	-	378	9.79	YES	NECROTIZING	YES	NO	YES	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	WOUND SWAB C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
25	1444382	PK	2523	4968	8.8	496	-	17.62	YES	NECROTIZING	YES	YES	YES	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
26	1447083	AK	106	154	9.8	406	201.09	90.04	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
16	1331171	IK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
17	1410661	SA	ET SECRETION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
18	1453195	AG	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
19	1454037	SK	SPUTUM C/S	ESCHERICHIA COLI	-	S	R	R	R	R	S	R	R
-	-	-	URINE C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	ET SECRETION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	S	S	R	R	R	S	R	R
20	1453315	BS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
21	1455277	RS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	PANTOEA	-	S	S	R	R	S	S	S	R
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	S	S	R	R	R	R	R	R
22	1455903	DS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	PSEUDOMONAS	-	S	R	R	R	S	S	S	R
-	-	-	PERIPANCREATIC COLLECTION C/S	PSEUDOMONAS	-	S	R	R	R	S	S	S	R
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
23	1445178	KJ	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
24	1443175	JKV	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
-	-	-	WOUND SWAB C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	URINE C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
25	1444382	PK	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	S	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
-	-	-	URINE C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
26	1447083	AK	URINE C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	R	R	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	TISSUE C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
-	-	-	SPUTUM C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER	-	S	S	R	R	S	S	S	R

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
16	1331171	IK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	R	R	S	R	R	R	R	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	S	R
20	1453315	BS	-	-	-	-	-	-	-	-	-	-	-	-
21	1455277	RS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	S	S	S	R	S	R	S	S
-	-	-	R	R	R	R	R	R	R	R	R	R	R	R
22	1455903	DS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	S	S	S	R	R	R	R	S
-	-	-	R	R	S	R	S	S	S	R	R	R	S	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
23	1445178	KJ	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	S	R
-	-	-	R	R	R	R	R	R	R	R	R	R	S	R
25	1444382	PK	R	R	S	R	R	R	R	R	R	R	S	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	-	-	-	-	-	R	-	R	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	S	S	S	R	S	R	S	S

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
16	1331171	IK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	R	S	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
20	1453315	BS	-	-	-	-	-	-	-	-	-	-	-
21	1455277	RS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	S	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
22	1455903	DS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
23	1445178	KJ	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
25	1444382	PK	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	-	-	-	-	R	R	-	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
16	1331171	IK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	1453315	BS	-	-	-	-	-	-	-	-	-	-	-	-	-
21	1455277	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	1444382	PK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	S	S	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
16	1331171	IK	-	-	-	-	-	-	CEFOTAXIME
-	-	-	-	-	-	-	-	-	-
17	1410661	SA	-	-	-	NEGATIVE	INDETERMINATE	-	IMIPENEM, TEICOPLANIN,METROGYL ,FLUCONAZOLE
-	-	-	-	-	-	-	-	-	-
18	1453195	AG	-	-	-	-	-	-	MEROPENEM,TEICOPLANIN, METROGYL
-	-	-	-	-	-	-	-	-	-
19	1454037	SK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN,VANCOMYCIN,POLY B,DOXYCYCLINE,VORICONAZOLE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
20	1453315	BS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
21	1455277	RS	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN, COLISTIN,METROGYL, FLUCONAZOLE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
22	1455903	DS	-	-	-	-	-	-	MEROPENEM,TEICOPLANIN,COLISTIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	-	-	-	-	-	-	TAZACT, TEICOPLANIN,MEROPENEM, FLUCONAZOLE, ZAVICEFTA,COLSTIN, CLINDAMYCIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	-	-	-	NEGATIVE	NEGATIVE	-	ZAVICEFTA,CEFUROXIME,COLISTIN,IMIPENEM
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
25	1444382	PK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN,STREPTOMYCIN,LEVOFLOXACIN,POLY B,AZTREONAM,ZAVICEFTA
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
26	1447083	AK	-	-	-	NEGATIVE	NEGATIVE	-	COLISTIN,TIGECYCLINE,TEICOPLANIN,CLINDAMYCIN,FLUCONAZOLE,ZAVICEFTA
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
16	1331171	IK	9	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	1410661	SA	17	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	1453195	AG	20	YES	YES	NO	NO	-	DISCHARGED ON REQUEST	-	YES	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1454037	SK	12	NO	YES	YES	YES	PCD INSERTION	EXPIRED	-	-	-	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	1453315	BS	19	NO	NO	NO	NO	CHOLECYSTECTOMY	DISCHARGED	YES	-	-	-
21	1455277	RS	30	YES	NO	NO	NO	PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1455903	DS	26	NO	YES	NO	YES	PCD INSERTION, STENTING	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	1445178	KJ	30	YES	YES	NO	YES	PCD INSERTION, PLEURAL TAP	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	1443175	JKV	45	YES	YES	YES	YES	PCD INSERTION, DOUDENAL PERFORATION REPAIR,EMBOLIZATION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	1444382	PK	27	YES	YES	YES	YES	PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	1447083	AK	26	YES	YES	YES	YES	ASPIRATION, NECROSECTOMY	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
27	1416294	VT	35	2	M	NO	NO	YES	NO	NO	NO	-	YES	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	1424505	IS	19	1	M	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	1454063	DK	30	1	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	1443906	NK	40	2	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	1308840	JS	56	4	F	NO	NO	NO	NO	NO	YES	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
27	1416294	VT	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	1424505	IS	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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29	1454063	DK	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	NO	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	1443906	NK	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	1308840	JS	NO	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
27	1416294	VT	96	RA	130	24	140	90	AFEBRILE	16.7	10.9	179	15	1.37	YES	0.74	0.2	122	143	42	3.32	5.5	58	1.99	137	4.65	105
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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28	1424505	IS	92	HIGH FLOW	106	24	90	50	100	17.4	12.8	282	16.6	1.52	YES	2.41	0.98	43	38	89	2.57	5.1	18	0.75	116	4.06	100
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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29	1454063	DK	97	RA	84	20	80	60	AFEBRILE	22.8	15.3	149	17.2	1.57	YES	1.28	0.58	115	136	69	2.73	4.7	33	1.05	141	3.67	109
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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30	1443906	NK	95	VENTURI	84	20	110	70	AFEBRILE	10.6	13.2	205	12.6	1.15	YES	1.9	0.88	76	32	64	3.05	5.7	64	0.87	140	4.16	107
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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31	1308840	JS	96	RA	84	20	110	70	AFEBRILE	13.7	9.9	525	14.6	1.37	YES	0.53	0.2	34	18	157	3.03	5.7	11	0.45	137	3.84	111
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
27	1416294	VT	547	636	8	-	-	13.65	YES	NECROTIZING	YES	YES	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	CENTRAL LINE C/S
28	1424505	IS	-	108	7	116	197	0.51	YES	NECROTIZING	YES	YES	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	WOUND SWAB C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
29	1454063	DK	1424	2378	5.9	-	-	1.48	YES	NECROTIZING	YES	NO	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
30	1443906	NK	-	-	4.4	160	374.6	0.24	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
31	1308840	JS	265	201	11.6	169	287.27	0.13	YES	NECROTIZING	YES	YES	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
27	1416294	VT	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PLEURAL FLUID C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	R	S	R	R	R	R	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	-	R	R	-
-	-	-	CENTRAL LINE C/S	STAPHYLOCOCCUS HOMINIS	-	-	-	-	-	-	-	-	-
28	1424505	IS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
-	-	-	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	WOUND SWAB C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	BLOOD C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
29	1454063	DK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	R	R	R	-
-	-	-	PLEURAL FLUID C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	R	R	R	-
30	1443906	NK	BLOOD C/S	ACINETOBACTER	-	R	S	R	R	R	R	R	R
-	-	-	BLOOD C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	TISSUE C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
-	-	-	ET SECRETION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
31	1308840	JS	URINE C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
27	1416294	VT	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	R	R	R	R	R	R	R	R	R	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	S	-	R	-	S	-	-	-	R	S
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28	1424505	IS	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
29	1454063	DK	-	-	-	-	-	-	-	-	-	-	-	-
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30	1443906	NK	R	R	S	R	R	R	R	R	R	R	R	R
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31	1308840	JS	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
27	1416294	VT	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	S	R	R	S	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	-	-	-	-	-	-	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
28	1424505	IS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
29	1454063	DK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	1443906	NK	R	R	R	R	R	R	R	R	-	-	-
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-	-	-	R	R	R	R	R	R	R	R	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	1308840	JS	-	-	-	-	-	-	-	-	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
27	1416294	VT	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	R	R	R	R	R
28	1424505	IS	-	-	-	-	-	-	-	-	-	-	-	-	-
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29	1454063	DK	-	-	-	-	-	-	-	-	-	-	-	-	-
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30	1443906	NK	-	-	-	-	-	-	-	-	-	-	-	-	-
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31	1308840	JS	R	R	R	R	R	R	R	S	S	R	S	R	R
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S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
27	1416294	VT	-	-	-	NEGATIVE	NEGATIVE	-	MEROPENEM, METROGYL, TEICOPLANIN,AMIKACIN,CASPOFUNGIN,POLY B,TIGECYCLINE,ZAVICEFTA,SULBACTAM
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-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
28	1424505	IS	-	-	-	-	-	-	MEROPENEM, CEFOTAXIME, TEICOPLANIN,CASPOFUNGIN,COLISTIN,ZAVICEFTA,FLUCO NAZOLE,AZTREONAM
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29	1454063	DK	-	-	-	-	-	-	IMIPENEM, METROGYL, TEICOPLANIN,FLUCONAZOLE,CASPOFUNGIN,COLISTIN,TIG ECYCLINE,ZAVICEFTA
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
30	1443906	NK	-	-	-	-	-	-	MEROPENEM,SULBACTAM,COLISTIN,COTRIMOXAZOLE,ZA VICEFTA,ANIDULAFUNGIN,TEICOPLANIN,TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
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-	-	-	R	R	S	-	-	-	-
-	-	-	-	-	-	-	-	-	-
31	1308840	JS	R	R	S	POSITIVE	NEGATIVE	-	MEROPENEM, TEICOPLANIN, VORICONAZOLE
-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
27	1416294	VT	91	YES	YES	YES	YES	PCD INSERTION, EXPLORATORY LAPAROTOMY,ADHESIOLYSIS	DISCHARGED	YES	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	1424505	IS	90	YES	YES	YES	YES	PCD INSERTION,ASCITIC TAP,NECROSECTOMY,EMBOLIZATION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	1454063	DK	45	YES	YES	YES	YES	PLEURAL TAP, PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	1443906	NK	31	YES	YES	YES	YES	ASCITIC TAP,PCD INSERTION, NECROSECTOMY	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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31	1308840	JS	32	YES	YES	NO	YES	PCD INSERTION	DISCHARGED	YES	-	-	-
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S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	50	3	M	NO	NO	NO	NO	NO	YES	-	YES	NO	NO	YES
33	1359934	SK	41	3	F	NO	NO	NO	NO	NO	YES	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	58	4	F	NO	NO	NO	NO	NO	YES	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	1459596	RK	32	2	M	NO	YES	NO	NO	NO	NO	-	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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36	1465870	MS	31	2	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
37	1333757	B	25	1	F	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	37	2	F	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	67	5	F	NO	NO	NO	NO	NO	YES	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	1192414	AS	56	4	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	28	1	F	NO	NO	NO	YES	NO	NO	-	YES	YES	NO	YES
42	1484586	SS	60	4	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	757378	A	21	1	M	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	NO	NO	YES
44	1489247	GD	45	3	F	NO	NO	NO	YES	NO	NO	-	YES	NO	NO	YES
45	1491428	HK	44	3	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	65	5	F	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
47	1486224	SS	50	3	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	NO
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	32	2	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
49	1481958	N	19	1	F	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	28	1	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
51	1493227	AS	64	5	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
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32	1206176	SS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
33	1359934	SK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	YES	NO	YES	YES	NORMAL	NO	NO	NO	YES	NO	NO	YES	YES	NO
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	1459596	RK	NO	NO	NO	YES	DECREASED	NO	NO	NO	YES	NO	YES	YES	NO	NO
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36	1465870	MS	NO	NO	NO	YES	NORMAL	NO	YES	NO	YES	NO	YES	YES	NO	YES
37	1333757	B	YES	NO	NO	YES	NORMAL	NO	NO	NO	NO	YES	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	YES	NO	NO	YES	DECREASED	YES	NO	NO	YES	YES	YES	YES	YES	NO
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	1192414	AS	YES	NO	NO	YES	NORMAL	YES	NO	NO	YES	NO	YES	YES	YES	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	YES	NO
42	1484586	SS	YES	NO	NO	YES	DECREASED	NO	NO	NO	YES	NO	YES	YES	YES	NO
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43	757378	A	YES	NO	NO	NO	NORMAL	NO	NO	YES	YES	YES	NO	NO	NO	NO
44	1489247	GD	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	YES	NO
45	1491428	HK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	YES	NO
47	1486224	SS	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
49	1481958	N	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	YES	YES	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	YES	YES	YES	NO	YES
51	1493227	AS	YES	NO	NO	NO	NORMAL	NO	YES	YES	YES	NO	NO	NO	NO	YES

S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	98	RA	80	20	110	70	AFEBRILE	4.57	13.8	202	14.3	1.31	YES	0.38	0.12	20	19	174	4.26	7.3	37	1.11	138	4.56	105
33	1359934	SK	96	BINASAL	85	20	120	80	AFEBRILE	12.8	10.4	240	16.3	1.7	YES	0.33	0.06	22	14	115	3.09	6.9	17	1.09	136	2.69	98
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34	1413008	GK	98	HIGH FLOW	110	28	120	80	AFEBRILE	15	9.7	178	14.5	1.12	YES	0.83	0.6	120	111	275	2.92	5.1	28	0.9	144	3.8	101
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35	1459596	RK	85	RA	120	35	90	60	AFEBRILE	10.8	11.5	120	15.8	1.4	YES	11.17	7.99	167	34	83	3.11	5.6	197	2.73	115	6.48	78
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36	1465870	MS	97	NIV	97	30	150	90	AFEBRILE	9.4	11.4	100	14.4	1.32	YES	4.25	3.24	75	114	57	3.67	6.1	24	0.65	138	3.9	101
37	1333757	B	98	BINASAL	114	25	100	70	AFEBRILE	17.4	8.1	205	19.1	1.74	YES	0.85	0.2	16	19	75	3.22	5.3	20	0.51	139	3.58	106
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38	1480241	S	98	RA	120	20	120	80	AFEBRILE	24.33	4.2	174	14.2	1.3	YES	0.45	0.23	36	11	112	2.7	6.2	267	11.71	111	4.44	81
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39	1478455	TK	98	RA	102	20	170	80	AFEBRILE	6	7.9	268	13.4	1.23	YES	0.31	0.19	25	11	55	2.79	4.8	39	0.76	137	2.98	97
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40	1192414	AS	98	RA	78	20	110	80	AFEBRILE	5.97	6.7	142	11.9	1.09	NO	0.83	0.5	25	22	82	2.35	5.1	58	2.25	137	4.65	113
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	98	RA	90	20	110	80	AFEBRILE	3.5	10.8	130	13.7	1.25	YES	1.28	0.76	18	7	108	3.16	6.1	26	0.59	133	3.57	100
42	1484586	SS	98	BINASAL	112	22	110	80	AFEBRILE	18.53	12.4	48	41.1	3.72	YES	2.47	1.35	43	147	172	2.93	6.3	93	4.11	133	5.19	95
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43	757378	A	96	RA	90	20	120	80	AFEBRILE	16.9	13.7	352	14.2	1.39	YES	0.74	0.29	20	28	98	4.75	7.3	16	54	137	4.09	99
44	1489247	GD	98	RA	88	20	130	70	AFEBRILE	6.7	12.2	187	11.6	1.37	YES	0.57	0.09	21	7114	71	3.23	5.9	13	1.07	137	3.1	100
45	1491428	HK	98	RA	92	20	110	70	AFEBRILE	8.8	11.7	276	18.6	2.1	YES	0.85	0.6	30	50	75	3.84	5.5	24	1.13	139	3.77	98
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	98	RA	110	20	160	100	102	31.3	10.6	457	20.1	1.83	YES	1.01	0.56	19	21	127	2.94	5.7	35	0.34	139	2.85	100
47	1486224	SS	98	RA	112	25	130	80	AFEBRILE	18.76	12.6	404	12.6	1.15	YES	0.36	0.07	9	6	71	2.66	6.5	60	1.02	134	4.29	100
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	98	RA	80	20	120	80	AFEBRILE	9.5	12.3	154	14.4	1.32	YES	1.01	0.21	33	30	94	4.87	7.6	31	0.9	141	5.01	105
49	1481958	N	89	RA	110	23	120	80	AFEBRILE	15.22	10.1	162	15.7	1.44	YES	0.67	0.17	35	165	120	3.43	5.7	18	0.3	141	3.59	106
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	98	BINASAL	90	18	120	80	AFEBRILE	24.9	12.7	293	13.2	1.06	NO	6.36	3.46	52	66	869	3.53	8.6	20	0.73	130	4.59	88
51	1493227	AS	98	BINASAL	120	25	130	80	AFEBRILE	13.2	10.5	329	13.1	1.2	YES	10.36	7.17	68	36	404	3.4	6	19	0.54	125	4.75	91

S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
32	1206176	SS	-	-	11.5	-	0.8	-	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
33	1359934	SK	233	310	15.5	150	160	-	YES	NECROTIZING	YES	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
34	1413008	GK	400	633	13.2	162	335.6	3.84	YES	NECROTIZING	YES	NO	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
35	1459596	RK	456	1437	5.6	1009	421.5	13.21	YES	NECROTIZING	YES	YES	YES	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
36	1465870	MS	369	294	7.3	185	412.87	0.25	YES	INTERSTITIAL	NO	YES	YES	BLOOD C/S
37	1333757	B	96	57	8.2	101	-	0.94	YES	INTERSTITIAL	NO	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
38	1480241	S	622	1605	6.2	51	-	10.33	YES	INTERSTITIAL	NO	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
39	1478455	TK	-	-	12	104	49.4	0.3	YES	INTERSTITIAL	NO	YES	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	WOUND SWAB C/S
40	1192414	AS	201	328	8.9	97	114	-	NO	INTERSTITIAL	NO	YES	YES	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
41	24518	A	155	366	7.1	1340	-	8.8	YES	NECROTIZING	YES	YES	NO	URINE C/S
42	1484586	SS	260	435	8.7	71	72.65	3.27	NO	INTERSTITIAL	NO	YES	YES	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
43	757378	A	719	836	8.4	57	-	-	YES	INTERSTITIAL	NO	NO	NO	-
44	1489247	GD	46	9	8.49	358	0.61	-	YES	INTERSTITIAL	NO	NO	NO	-
45	1491428	HK	370	468	8.9	100	53.66	0.02	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
46	1492526	JK	102	78	7.3	143	113	12.24	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
47	1486224	SS	18	16	8.5	184	80.97	0.24	YES	NECROTIZING	YES	NO	NO	URINE C/S
	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
48	88558	VG	201	244	8.8	189	33.23	6.59	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
49	1481958	N	266	236	8.43	123	257.97	0.08	YES	NECROTIZING	YES	YES	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
50	1493229	RS	-	-	7.92	-	-	-	YES	INTERSTITIAL	NO	YES	YES	-
51	1493227	AS	356	480	8.5	-	351	8	YES	INTERSTITIAL	NO	NO	NO	-

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
-	-	-	PERIPANCREATIC COLLECTION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
32	1206176	SS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
33	1359934	SK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
34	1413008	GK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ESCHERICHIA COLI	-	S	R	S	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
-	-	-	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
35	1459596	RK	PERIPANCREATIC COLLECTION C/S	SPHINGOMONAS PAUCIMOBILIS	-	R	S	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	STREPTOCOCCUS AGALACTIE	-	-	-	-	-	-	-	-	-
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	BLOOD C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
36	1465870	MS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
37	1333757	B	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	SPUTUM C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
38	1480241	S	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
39	1478455	TK	URINE C/S	ESCHERICHIA COLI	-	S	R	R	R	R	S	R	R
-	-	-	WOUND SWAB C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
40	1192414	AS	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
41	24518	A	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
42	1484586	SS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
43	757378	A	-	-	-	-	-	-	-	-	-	-	-
44	1489247	GD	-	-	-	-	-	-	-	-	-	-	-
45	1491428	HK	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
46	1492526	JK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
47	1486224	SS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
48	88558	VG	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
49	1481958	N	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
50	1493229	RS	-	-	-	-	-	-	-	-	-	-	-
51	1493227	AS	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	-	-	-	-	-	-	-	-	-	-	-	-
33	1359934	SK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	S	R	S	R	R	R	R	S	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
35	1459596	RK	R	R	R	R	R	R	S	R	R	R	R	S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	S	R	R	R	R	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
36	1465870	MS	-	-	-	-	-	-	-	-	-	-	-	-
37	1333757	B	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	R	R	R	R	R	R	R	R	R	R	S	S
-	-	-	R	R	R	R	R	R	R	R	R	R	R	R
40	1192414	AS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	-	-	-	-	-	-	-	-	-	-	-	-
42	1484586	SS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	757378	A	-	-	-	-	-	-	-	-	-	-	-	-
44	1489247	GD	-	-	-	-	-	-	-	-	-	-	-	-
45	1491428	HK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	-	-	-	-	-	-	-	-	-	-	-	-
47	1486224	SS	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	-	-	-	-	-	-	-	-	-	-	-	-
49	1481958	N	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	-	-	-	-	-	-	-	-	-	-	-	-
51	1493227	AS	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	-	-	-	-	-	-	-	-	-	-	-
33	1359934	SK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
35	1459596	RK	S	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
36	1465870	MS	-	-	-	-	-	-	-	-	-	-	-
37	1333757	B	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	R	R	R	S	R	R	S	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
40	1192414	AS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	-	-	-	-	-	-	-	-	-	-	-
42	1484586	SS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	757378	A	-	-	-	-	-	-	-	-	-	-	-
44	1489247	GD	-	-	-	-	-	-	-	-	-	-	-
45	1491428	HK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	-	-	-	-	-	-	-	-	-	-	-
47	1486224	SS	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	-	-	-	-	-	-	-	-	-	-	-
49	1481958	N	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	-	-	-	-	-	-	-	-	-	-	-
51	1493227	AS	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	-	-	-	-	-	-	-	-	-	-	-	-	-
33	1359934	SK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	1459596	RK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	S	S	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
36	1465870	MS	-	-	-	-	-	-	-	-	-	-	-	-	-
37	1333757	B	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	1192414	AS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	-	-	-	-	-	-	-	-	-	-	-	-	-
42	1484586	SS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	757378	A	-	-	-	-	-	-	-	-	-	-	-	-	-
44	1489247	GD	-	-	-	-	-	-	-	-	-	-	-	-	-
45	1491428	HK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	-	-	-	-	-	-	-	-	-	-	-	-	-
47	1486224	SS	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	-	-	-	-	-	-	-	-	-	-	-	-	-
49	1481958	N	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
51	1493227	AS	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
-	-	-	-	-	-	-	-	-	-
32	1206176	SS	-	-	-	-	-	-	IMIPENEM
33	1359934	SK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
34	1413008	GK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN, COLISTIN,TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
35	1459596	RK	-	-	-	NEGATIVE	NEGATIVE	-	IMIPENEM, METROGYL, TEICOPLANIN,CASPOFUNGIN,COLISTIN,TIGECYCLINE,MEROPENEM
-	-	-	S	R	R	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
36	1465870	MS	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN,FLUCONAZOLE,OFLOXACIN,CEFTRIAXONE,TAZACT
37	1333757	B	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN,METROGYL
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
38	1480241	S	-	-	-	NEGATIVE	NEGATIVE	Ascitic fluid - CBNAAT+	METROGYL,TAZACT,MEROPENEM,POLY B,TEICOPLANIN, CLINDAMYCIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
39	1478455	TK	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
40	1192414	AS	-	-	-	-	-	-	CEFTRIAXONE
-	-	-	-	-	-	-	-	-	-
41	24518	A	-	-	-	-	-	-	CEFTRIAXONE
42	1484586	SS	-	-	-	-	-	-	TAZACT,TEICOPLANIN,DOXYCYCLINE,MEROPENEM
-	-	-	-	-	-	-	-	-	-
43	757378	A	-	-	-	-	-	-	IMIPENEM
44	1489247	GD	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
45	1491428	HK	-	-	-	-	-	-	OFLOXACIN,CEFTRIAXONE
-	-	-	-	-	-	-	-	-	-
46	1492526	JK	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN
47	1486224	SS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
	-	-	-	-	-	-	-	-	-
48	88558	VG	-	-	-	-	-	-	CEFOTAXIME
49	1481958	N	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
50	1493229	RS	-	-	-	-	-	-	CEFOTAXIME
51	1493227	AS	-	-	-	-	-	-	IMIPENEM

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
-	-	-	-	-	-	-	-	-	-	-	-	-	-
32	1206176	SS	8	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
33	1359934	SK	10	NO	NO	NO	NO	PCD INSERTION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	1413008	GK	40	YES	YES	YES	YES	PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	1459596	RK	28	YES	YES	YES	YES	PCD INSERTION	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
36	1465870	MS	15	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
37	1333757	B	11	YES	NO	NO	NO	PLEURAL TAP	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	1480241	S	35	NO	YES	YES	YES	ASCITIC TAP	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
39	1478455	TK	13	NO	YES	NO	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	1192414	AS	9	NO	YES	NO	NO	ASCITIC TAP	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	24518	A	7	NO	YES	NO	NO	-	DISCHARGED ON REQUEST	-	YES	-	-
42	1484586	SS	20	NO	YES	YES	YES	-	EXPIRED	-	-	-	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	757378	A	10	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
44	1489247	GD	7	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
45	1491428	HK	5	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	1492526	JK	7	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
47	1486224	SS	14	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-
48	88558	VG	9	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
49	1481958	N	21	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	1493229	RS	5	NO	NO	NO	NO	ERCP- STONE REMOVED	-	-	-	-	-
51	1493227	AS	7	NO	NO	NO	NO	ERCP- STONE REMOVED	-	-	-	-	-

S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
52	1143848	DK	51	4	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
53	1464631	JS	30	1	M	NO	NO	NO	YES	NO	NO	-	YES	NO	NO	YES
54	1494531	MS	42	3	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	YES
55	1474982	HS	33	2	M	YES	YES	NO	YES	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	1489285	TA	63	5	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	41	3	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	1491756	GS	32	2	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	45	3	M	-	YES	-	-	-	-	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	1425871	AK	54	4	M	NO	NO	NO	YES	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	1492512	A	31	2	M	YES	NO	NO	YES	NO	NO	-	YES	YES	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	1491685	AS	28	1	M	NO	YES	NO	NO	NO	NO	-	YES	NO	NO	YES
63	1497605	NS	41	3	M	YES	NO	NO	YES	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
52	1143848	DK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
53	1464631	JS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	YES	NO
54	1494531	MS	YES	NO	YES	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
55	1474982	HS	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	YES	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	1489285	TA	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	YES	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	YES	YES	NO	YES	NORMAL	YES	NO	NO	YES	YES	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	1491756	GS	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	YES	YES	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	YES	NO	NO	NO	NORMAL	YES	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	1425871	AK	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	YES	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	1492512	A	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	1491685	AS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
63	1497605	NS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
52	1143848	DK	98	BINASAL	120	23	110	70	100	6.5	11.2	161	11.1	1.02	NO	0.5	0.08	30	30	80	3.65	6.3	25	0.86	140	3.74	103
53	1464631	JS	98	RA	80	20	120	80	AFEBRILE	16.1	11.4	640	13.8	1.26	YES	0.08	0.03	13	8	77	1.47	3.3	34	0.58	135	5.17	103
54	1494531	MS	98	BINASAL	110	18	130	70	AFEBRILE	8.5	14.8	216	11.7	1.07	NO	0.65	0.45	42	33	90	4.47	6.9	34	0.8	141	4.08	106
55	1474982	HS	98	VENTURI	110	20	120	80	100	11.7	8.6	171	16.3	1.6	YES	1.22	0.57	32	27	122	2.38	6.3	13	0.45	136	3.86	95
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	1489285	TA	98	HIGH FLOW	115	30	80	60	101	26.8	13.8	200	18	1.64	YES	3.51	2.23	76	187	114	3.57	6	95	2.85	137	4.98	100
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	88	RA	140	35	70	60	AFEBRILE	25.1	15.5	357	14.2	1.3	YES	0.65	0.13	58	86	60	3.8	6.4	30	1.02	134	5.03	99
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58	1491756	GS	90	RA	88	20	120	80	AFEBRILE	16.3	18.3	88	11.1	1.02	NO	3.74	1.98	147	49	191	3.07	5.8	44	1.3	131	4.05	101
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59	-	SS	98	BINASAL	85	20	120	80	AFEBRILE	25.94	11.9	208	19	1.73	YES	1.36	0.57	24	11	84	2.63	5.1	29	0.55	138	4.16	108
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60	1425871	AK	98	NIV	80	20	120	80	AFEBRILE	21.3	10.1	250	13.7	1.3	YES	2.07	1.05	163	95	135	2.28	5.5	69	1.54	161	4.42	127
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61	1492512	A	98	BINASAL	72	20	120	80	AFEBRILE	20.1	9.4	206	86	7.79	YES	13.78	12.32	29	10	224	2.48	4.8	58	2.47	140	4.22	101
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62	1491685	AS	98	RA	80	18	120	80	AFEBRILE	15.3	10.4	184	15.9	1.45	YES	0.53	0.1	31	18	97	3.2	5.9	40	0.79	144	3.97	107
63	1497605	NS	98	RA	90	18	120	80	AFEBRILE	11.8	14.5	250	11.8	1.08	NO	0.71	0.1	36	30	61	3.84	7.2	40	0.92	139	4.4	105
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
52	1143848	DK	257	438	8.74	-	-	-	YES	INTERSTITIAL	NO	NO	NO	-
53	1464631	JS	18	7	-	350	-	-	YES	INTERSTITIAL	NO	NO	NO	URINE C/S
54	1494531	MS	957	2830	9.2	225	99.51	-	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
55	1474982	HS	506	769	8.16	345	-	-	YES	NECROTIZING	NO	YES	YES	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
56	1489285	TA	1884	1897	5.64	121	301.81	1.21	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
57	1480946	VKS	684	1372	8.5	155	134	1.46	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
58	1491756	GS	428	951	5.4	414	295.78	-	YES	NECROTIZING	YES	YES	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
59	-	SS	82	58	7.2	97	265.99	0.4	YES	NECROTIZING	YES	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	CENTRAL LINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
60	1425871	AK	55	17	-	357	387.61	-	YES	NECROTIZING	YES	YES	YES	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	SPUTUM C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
61	1492512	A	396	465	8.32	291	166.03	0.67	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	1491685	AS	62	22	8.27	104	208.03	0.2	YES	NECROTIZING	YES	NO	NO	URINE C/S
63	1497605	NS	131	466	8.34	996	18.47	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
52	1143848	DK	-	-	-	-	-	-	-	-	-	-	-
53	1464631	JS	URINE C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
54	1494531	MS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
55	1474982	HS	PERIPANCREATIC COLLECTION C/S	CANDIDA TROPICALIS	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	ASCITIC FLUID C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	BLOOD C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	PLEURAL FLUID C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
56	1489285	TA	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	R	R	R	-
57	1480946	VKS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	PROVIDENTIA RETTGERI	-	S	R	R	R	R	S	R	R
-	-	-	ET SECRETION C/S	ACINETOBACTER	-	R	R	R	R	R	R	S	R
58	1491756	GS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
59	-	SS	BLOOD C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	CENTRAL LINE C/S	STAPHYLOCOCCUS EPIDERMIDIS	-	-	-	-	-	-	-	-	-
-	-	-	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER IWOFFI	-	S	S	R	R	S	S	S	R
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA OXYTOCA	-	S	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
60	1425871	AK	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	S	S	R	R	R	S	R	R
-	-	-	SPUTUM C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	S	R	R
61	1492512	A	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	S	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	PSEUDOMONAS	-	R	R	R	R	R	R	R	R
62	1491685	AS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
63	1497605	NS	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
52	1143848	DK	-	-	-	-	-	-	-	-	-	-	-	-
53	1464631	JS	R	R	R	R	R	R	R	R	R	R	S	S
54	1494531	MS	-	-	-	-	-	-	-	-	-	-	-	-
55	1474982	HS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	S	R	R	S
-	-	-	R	R	S	R	R	R	R	R	S	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	1489285	TA	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	R	-	R	R	R	R	-	-	R	R
57	1480946	VKS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	S	R	R	R	S	R	R	S	S
-	-	-	R	R	S	R	R	R	R	R	S	R	R	S
58	1491756	GS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	R	R	R	S	S	R	S	R	R	S
-	-	-	R	R	R	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
60	1425871	AK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
61	1492512	A	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	S	R	R	R	R	S	R	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
62	1491685	AS	-	-	-	-	-	-	-	-	-	-	-	-
63	1497605	NS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
52	1143848	DK	-	-	-	-	-	-	-	-	-	-	-
53	1464631	JS	R	R	R	S	R	R	S	R	-	-	-
54	1494531	MS	-	-	-	-	-	-	-	-	-	-	-
55	1474982	HS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
56	1489285	TA	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	R	-	-	-	-	-	-
57	1480946	VKS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	S	R	R	S	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
58	1491756	GS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	S	R
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	S	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
60	1425871	AK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
61	1492512	A	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	S	R	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
62	1491685	AS	-	-	-	-	-	-	-	-	-	-	-
63	1497605	NS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
52	1143848	DK	-	-	-	-	-	-	-	-	-	-	-	-	-
53	1464631	JS	-	-	-	-	-	-	-	-	-	-	-	-	-
54	1494531	MS	-	-	-	-	-	-	-	-	-	-	-	-	-
55	1474982	HS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	R	R	R	S	R
56	1489285	TA	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	1491756	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	S	S	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	1425871	AK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	1492512	A	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	1491685	AS	-	-	-	-	-	-	-	-	-	-	-	-	-
63	1497605	NS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
52	1143848	DK	-	-	-	-	-	-	IMIPENEM
53	1464631	JS	-	-	-	-	-	-	IMIPENEM
54	1494531	MS	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN
55	1474982	HS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN,COLISTIN,CASPOFUNGIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
56	1489285	TA	-	-	-	NEGATIVE	NEGATIVE	-	MEROPENEM, TEICOPLANIN,COLISTIN
-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	-	-	-	NEGATIVE	POSITIVE	-	IMIPENEM,TEICOPLANIN,COLISTIN, CASPOFUNGIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
58	1491756	GS	-	-	-	-	-	-	CEFOTAXIME,IMIPENEM,TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
59	-	SS	-	-	-	NEGATIVE	POSITIVE	-	MEROPENEM, TEICOPLANIN,COLISTIN,ANIDULAFUNGIN,TIGECYCLINE
-	-	-	R	R	S	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
60	1425871	AK	-	-	-	NEGATIVE	POSITIVE	-	IMIPENEM,TEICOPLANIN,COLISTIN, CASPOFUNGIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
61	1492512	A	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN,COLISTIN, TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
62	1491685	AS	-	-	-	-	-	-	CEFOTAXIME
63	1497605	NS	-	-	-	-	-	-	IMIPENEM
-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
52	1143848	DK	4	NO	NO	NO	NO	CHOLECYSTECTOMY, CHOLEDOCHOLITHOTOMY	DISCHARGED	YES	-	-	-
53	1464631	JS	9	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
54	1494531	MS	10	NO	YES	NO	NO	-	DISCHARGED	YES	-	-	-
55	1474982	HS	8	YES	YES	YES	YES	PCD INSERTION, ASCITIC TAP, PLEURAL TAP	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	1489285	TA	30	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	1480946	VKS	17	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	1491756	GS	25	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	SS	32	YES	YES	YES	YES	PCD INSERTION, NECROSECTOMY	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	1425871	AK	109	YES	YES	YES	YES	PCD INSERTION, NECROSECTOMY,PLEURAL TAP	EXPIRED	-	-	-	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	1492512	A	47	YES	YES	NO	NO	ERCP-STONE REMOVED, PCD INSERTION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	1491685	AS	15	YES	NO	NO	NO	PCD INSERTION	DISCHARGED	YES	-	-	-
63	1497605	NS	7	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
64	144757	KK	32	2	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
65	1495956	FB	56	4	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
66	1478203	JS	33	2	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	1498876	K	32	2	M	NO	NO	YES	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	29	1	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	NO
69	1497648	AA	39	2	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	47	3	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
71	1498326	KS	29	1	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
72	1500656	DK	20	1	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
73	1498347	G	37	2	M	NO	NO	NO	YES	NO	NO	-	YES	NO	YES	YES
74	1499931	RS	50	3	F	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75	1500487	PK	50	3	F	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
76	1493118	GS	69	5	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	34	2	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
78	1050404	MD	85	5	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
79	1501348	BK	50	3	M	YES	NO	NO	NO	NO	NO	-	YES	YES	YES	YES
80	1497643	J	58	4	M	NO	YES	NO	NO	NO	NO	-	YES	NO	NO	YES
81	1501349	RN	55	4	F	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
82	347904	DK	30	1	M	NO	YES	NO	NO	NO	NO	-	YES	NO	NO	YES
83	1501307	P	62	5	F	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	62	5	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
64	144757	KK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
65	1495956	FB	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
66	1478203	JS	YES	NO	NO	YES	NORMAL	NO	NO	NO	YES	NO	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	1498876	K	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
69	1497648	AA	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	YES	YES	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
71	1498326	KS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	NO	NO
72	1500656	DK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	YES	NO	NO	NO	NO
73	1498347	G	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
74	1499931	RS	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75	1500487	PK	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
76	1493118	GS	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	YES	YES	NO	NO	NORMAL	NO	YES	NO	YES	NO	NO	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
78	1050404	MD	NO	NO	NO	NO	NORMAL	NO	YES	NO	YES	NO	NO	NO	NO	YES
79	1501348	BK	YES	NO	NO	NO	NORMAL	NO	YES	NO	YES	NO	YES	NO	NO	YES
80	1497643	J	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
81	1501349	RN	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
82	347904	DK	NO	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
83	1501307	P	YES	NO	NO	NO	DECREASED	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	YES	YES	NO	YES	DECREASED	YES	NO	NO	YES	YES	YES	YES	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
64	144757	KK	98	RA	88	20	130	80	AFEBRILE	8.6	13.8	239	12.7	1.16	YES	0.66	0.12	71	120	95	4.59	7.9	24	0.83	137	4.18	102
65	1495956	FB	98	RA	86	20	130	80	AFEBRILE	12.1	12	368	14.6	1.34	YES	0.68	0.15	64	48	111	3.18	7.1	28	0.86	135	3.02	89
66	1478203	JS	98	BINASAL	90	21	130	70	AFEBRILE	19	12.2	323	18.4	1.68	YES	1.4	0.61	45	53	149	2.26	5.4	27	0.63	141	3.25	101
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67	1498876	K	98	BINASAL	88	18	130	80	AFEBRILE	18.4	9.2	716	15.8	1.44	YES	0.54	0.33	11	14	109	2.98	5.9	21	0.51	135	4.41	95
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	85	RA	128	28	120	80	AFEBRILE	10.9	8.1	220	15.9	1.45	YES	0.99	0.3	13	8	161	2.07	6.04	16	0.38	129	4.04	84
69	1497648	AA	98	BINASAL	88	20	120	80	AFEBRILE	32.7	14.7	158	15.1	1.38	YES	1.34	0.97	78	36	101	3.84	7.3	74	2.32	132	4.73	94
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	98	RA	88	20	120	80	AFEBRILE	16.7	12.7	279	13.2	1.21	YES	0.67	0.12	98	154	129	3.42	6.9	41	0.55	134	4.34	101
71	1498326	KS	98	RA	80	20	120	80	AFEBRILE	13.5	13.9	70	13.3	1.23	YES	2.12	0.38	34	30	69	3.12	6	19	0.8	136	3.39	98
72	1500656	DK	98	RA	88	21	120	80	AFEBRILE	9.99	12.9	184	14.5	1.07	NO	1.08	0.35	18	16	164	4.84	7.3	22	0.67	142	4.3	105
73	1498347	G	98	VENTURI	90	23	120	80	AFEBRILE	5	13.9	120	11.1	1.02	NO	1.34	0.42	104	52	74	3.42	6.7	8	0.52	137	3.97	102
74	1499931	RS	98	BINASAL	90	18	130	80	AFEBRILE	22.8	13.4	179	14.4	1.32	YES	1.27	0.37	31	24	123	4.18	6.9	23	0.67	140	4.63	103
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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75	1500487	PK	98	BINASAL	90	18	130	80	AFEBRILE	18.1	13	213	13.4	1.23	YES	0.91	0.36	385	91	117	3.05	6.1	31	1.51	139	5.3	104
76	1493118	GS	98	RA	80	20	110	70	AFEBRILE	9.3	12.3	187	10.8	0.99	NO	0.41	0.09	28	17	38	3.95	7.1	40	1.32	132	5.18	95
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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77	1499968	SS	98	RA	80	20	120	80	AFEBRILE	15.9	15.7	140	17.3	1.58	YES	7.46	5.59	159	226	123	3.63	6.1	35	0.93	139	3.86	103
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
78	1050404	MD	98	BINASAL	90	20	120	80	AFEBRILE	14.52	15.2	216	11.7	1.07	NO	7.3	6.19	315	556	336	4.71	7.1	37	1.29	135	3.68	96
79	1501348	BK	98	RA	72	20	120	80	AFEBRILE	17.7	18.8	212	13.3	1.22	YES	13.48	6.86	119	261	333	4.08	7	68	1.31	138	4.11	99
80	1497643	J	98	RA	90	18	120	80	AFEBRILE	6.14	12.7	244	12.3	1.13	YES	0.57	0.26	155	129	108	4.34	7.5	33	0.65	142	4.37	103
81	1501349	RN	98	RA	75	20	120	80	AFEBRILE	13.5	10.9	265	14.7	1.34	YES	1.56	0.78	23	20	174	3.12	6	20	0.44	143	3.41	104
82	347904	DK	98	RA	80	18	130	80	AFEBRILE	10.5	13.4	178	10.9	1	NO	1.1	0.16	29	40	88	3.94	6.4	38	0.69	137	4.05	100
83	1501307	P	98	BINASAL	90	20	110	70	AFEBRILE	10.6	10.1	190	15.5	1.42	YES	0.98	0.39	55	74	46	2.69	5.1	157	4.61	141	4.58	108
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	98	VENTURI	103	20	120	80	AFEBRILE	24.8	8.5	733	14.3	1.31	YES	0.66	0.28	72	26	675	2.01	6.1	94	3.09	139	3.76	97
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S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
64	144757	KK	418	1122	9.07	98	10.72	-	NO	INTERSTITIAL	NO	NO	NO	-
65	1495956	FB	87	175	8.36	180	57.16	0.16	YES	INTERSTITIAL	NO	NO	NO	-
66	1478203	JS	69	53	7.5	150	291.65	0.99	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
67	1498876	K	49	58	7.9	-	-	-	YES	NECROTIZING	NO	NO	NO	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	-	-	-	-	-	-	YES	NECROTIZING	NO	NO	NO	TISSUE C/S
69	1497648	AA	846	2087	6.63	-	401.78	3.66	NO	INTERSTITIAL	NO	YES	NO	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
70	1495949	RB	-	-	7	108	319.77	0.11	YES	INTERSTITIAL	NO	NO	NO	-
71	1498326	KS	312	398	7.5	97	378.07	0.08	YES	INTERSTITIAL	NO	YES	NO	BLOOD C/S
72	1500656	DK	-	-	-	116	6.71	-	YES	INTERSTITIAL	NO	NO	NO	-
73	1498347	G	133	436	8.5	272	23.69	-	NO	INTERSTITIAL	NO	NO	NO	-
74	1499931	RS	1360	1762	8.8	-	49.07	0.05	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
75	1500487	PK	185	5	6.69	-	-	7.71	NO	INTERSTITIAL	YES	NO	NO	URINE C/S
76	1493118	GS	1021	3468	7.23	167	150.94	0.02	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
77	1499968	SS	1219	1006	6.1	-	342.53	0.46	YES	NECROTIZING	YES	NO	NO	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
78	1050404	MD	2944	7500	9.6	62	176.23	-	YES	INTERSTITIAL	NO	NO	NO	-
79	1501348	BK	1503	2442	8.47	227	175.71	-	YES	NECROTIZING	YES	YES	NO	-
80	1497643	J	51	91	-	-	15.41	-	YES	INTERSTITIAL	NO	NO	NO	-
81	1501349	RN	85	46	8.06	228	354.35	-	YES	INTERSTITIAL	NO	NO	NO	-
82	347904	DK	69	9	8.9	117	24.23	-	YES	INTERSTITIAL	NO	NO	NO	URINE C/S
83	1501307	P	542	277	7.5	142	356	22.48	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	URINE C/S
84	1495694	NS	65	46	7.02	-	352.35	3.42	YES	NECROTIZING	YES	YES	YES	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ET SECRETION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
64	144757	KK	-	-	-	-	-	-	-	-	-	-	-
65	1495956	FB	-	-	-	-	-	-	-	-	-	-	-
66	1478203	JS	BLOOD C/S	ACINETOBACTER	-	R	S	R	R	R	R	R	R
-	-	-	ASCITIC FLUID C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
-	-	-	URINE C/S	KLEBSIELLA PNEUMONIAE	-	R	S	R	R	R	R	R	R
-	-	-	PLEURAL FLUID C/S	STAPHYLOCOCCUS HEMOLYTICUS	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
67	1498876	K	TISSUE C/S	ESCHERICHIA COLI	-	S	S	S	R	S	S	S	S
-	-	-	TISSUE C/S	MORGANELLA MORGANII	-	S	R	R	R	R	R	R	R
68	1498306	BS	TISSUE C/S	ESCHERICHIA COLI	-	R	R	R	R	R	R	R	R
69	1497648	AA	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
70	1495949	RB	-	-	-	-	-	-	-	-	-	-	-
71	1498326	KS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
72	1500656	DK	-	-	-	-	-	-	-	-	-	-	-
73	1498347	G	-	-	-	-	-	-	-	-	-	-	-
74	1499931	RS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	S	S	S	S	S	S	S	S
75	1500487	PK	URINE C/S	CANDIDA STEALLOIDES	-	-	-	-	-	-	-	-	-
76	1493118	GS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
77	1499968	SS	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	S	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	R	S	R	R	R	S	R	R
78	1050404	MD	-	-	-	-	-	-	-	-	-	-	-
79	1501348	BK	-	-	-	-	-	-	-	-	-	-	-
80	1497643	J	-	-	-	-	-	-	-	-	-	-	-
81	1501349	RN	-	-	-	-	-	-	-	-	-	-	-
82	347904	DK	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
83	1501307	P	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
84	1495694	NS	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ET SECRETION C/S	KLEBSIELLA PNEUMONIAE	-	R	S	R	R	R	R	R	R
-	-	-	ET SECRETION C/S	SERRATIA FONTICOLA	-	R	R	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	KLEBSIELLA PNEUMONIAE	-	R	S	R	R	R	R	R	R
-	-	-	PERIPANCREATIC COLLECTION C/S	PSEUDOMONAS AERUGINOSA	-	R	-	-	-	R	R	R	-
-	-	-	TISSUE C/S	ACINETOBACTER	-	R	R	R	R	R	R	R	R
-	-	-	TISSUE C/S	ESCHERICHIA COLI	-	S	R	R	R	R	S	R	R
-	-	-	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
64	144757	KK	-	-	-	-	-	-	-	-	-	-	-	-
65	1495956	FB	-	-	-	-	-	-	-	-	-	-	-	-
66	1478203	JS	R	R	S	R	R	R	R	R	R	R	R	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	R	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	S	R	R	R
67	1498876	K	S	S	S	S	S	S	S	S	S	S	S	S
-	-	-	R	R	R	R	R	S	R	R	R	R	R	S
68	1498306	BS	R	R	S	R	R	R	R	R	R	R	R	R
69	1497648	AA	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	-	-	-	-	-	-	-	-	-	-	-	-
71	1498326	KS	-	-	-	-	-	-	-	-	-	-	-	-
72	1500656	DK	-	-	-	-	-	-	-	-	-	-	-	-
73	1498347	G	-	-	-	-	-	-	-	-	-	-	-	-
74	1499931	RS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	S	S	S	S	S	S	S	S	S	S	S	S
75	1500487	PK	-	-	-	-	-	-	-	-	-	-	-	-
76	1493118	GS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
78	1050404	MD	-	-	-	-	-	-	-	-	-	-	-	-
79	1501348	BK	-	-	-	-	-	-	-	-	-	-	-	-
80	1497643	J	-	-	-	-	-	-	-	-	-	-	-	-
81	1501349	RN	-	-	-	-	-	-	-	-	-	-	-	-
82	347904	DK	-	-	-	-	-	-	-	-	-	-	-	-
83	1501307	P	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	-	-	S	-	R	R	R	R	-	-	R	R
-	-	-	R	R	S	R	R	R	R	R	S	R	R	R
-	-	-	R	R	S	S	R	R	R	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
64	144757	KK	-	-	-	-	-	-	-	-	-	-	-
65	1495956	FB	-	-	-	-	-	-	-	-	-	-	-
66	1478203	JS	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
-	-	-	R	R	R	R	R	R	R	R	-	-	-
67	1498876	K	S	S	R	S	S	S	S	S	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
68	1498306	BS	R	S	R	R	R	R	R	R	-	-	-
69	1497648	AA	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	-	-	-	-	-	-	-	-	-	-	-
71	1498326	KS	-	-	-	-	-	-	-	-	-	-	-
72	1500656	DK	-	-	-	-	-	-	-	-	-	-	-
73	1498347	G	-	-	-	-	-	-	-	-	-	-	-
74	1499931	RS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	S	S	S	S	S	S	S	S	-	-	-
75	1500487	PK	-	-	-	-	-	-	-	-	-	-	-
76	1493118	GS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	S	R	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
78	1050404	MD	-	-	-	-	-	-	-	-	-	-	-
79	1501348	BK	-	-	-	-	-	-	-	-	-	-	-
80	1497643	J	-	-	-	-	-	-	-	-	-	-	-
81	1501349	RN	-	-	-	-	-	-	-	-	-	-	-
82	347904	DK	-	-	-	-	-	-	-	-	-	-	-
83	1501307	P	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	R	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
64	144757	KK	-	-	-	-	-	-	-	-	-	-	-	-	-
65	1495956	FB	-	-	-	-	-	-	-	-	-	-	-	-	-
66	1478203	JS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	S	S	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	1498876	K	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	-	-	-	-	-	-	-	-	-	-	-	-	-
69	1497648	AA	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	-	-	-	-	-	-	-	-	-	-	-	-	-
71	1498326	KS	-	-	-	-	-	-	-	-	-	-	-	-	-
72	1500656	DK	-	-	-	-	-	-	-	-	-	-	-	-	-
73	1498347	G	-	-	-	-	-	-	-	-	-	-	-	-	-
74	1499931	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75	1500487	PK	-	-	-	-	-	-	-	-	-	-	-	-	-
76	1493118	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
78	1050404	MD	-	-	-	-	-	-	-	-	-	-	-	-	-
79	1501348	BK	-	-	-	-	-	-	-	-	-	-	-	-	-
80	1497643	J	-	-	-	-	-	-	-	-	-	-	-	-	-
81	1501349	RN	-	-	-	-	-	-	-	-	-	-	-	-	-
82	347904	DK	-	-	-	-	-	-	-	-	-	-	-	-	-
83	1501307	P	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
64	144757	KK	-	-	-	-	-	-	IMIPENEM
65	1495956	FB	-	-	-	-	-	-	IMIPENEM
66	1478203	JS	-	-	-	NEGATIVE	NEGATIVE	-	COLISTIN, IMIPENEM,TEICOPLANIN, TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
-	-	-	-	-	-	-	-	-	-
67	1498876	K	-	-	-	-	-	-	TAZACT,TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
68	1498306	BS	-	-	-	-	-	-	COLISTIN, IMIPENEM,TEICOPLANIN, TIGECYCLINE
69	1497648	AA	-	-	-	-	-	-	IMIPENEM,TEICOPLANIN,COLISTIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
70	1495949	RB	-	-	-	-	-	-	IMIPENEM
71	1498326	KS	-	-	-	-	-	-	CEFOTAXIME
72	1500656	DK	-	-	-	-	-	-	CEFTRIAXONE
73	1498347	G	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
74	1499931	RS	-	-	-	-	-	-	IMIPENEM
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
75	1500487	PK	-	-	-	POSITIVE	POSITIVE	-	IMIPENEM, TEICOPLANIN,CASPOFUNGIN
76	1493118	GS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
77	1499968	SS	-	-	-	-	-	-	COLISTIN, IMIPENEM,TEICOPLANIN, TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
78	1050404	MD	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
79	1501348	BK	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
80	1497643	J	-	-	-	-	-	-	CEFOTAXIME
81	1501349	RN	-	-	-	-	-	-	CEFOTAXIME
82	347904	DK	-	-	-	-	-	-	CEFOTAXIME
83	1501307	P	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
84	1495694	NS	-	-	-	NEGATIVE	NEGATIVE	-	IMIPENEM, TEICOPLANIN. COLISTIN, TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
64	144757	KK	6	YES	NO	NO	NO	-	-	-	-	-	-
65	1495956	FB	5	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
66	1478203	JS	37	YES	YES	NO	NO	PLEURAL TAP, ASCITIC TAP	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	1498876	K	10	YES	YES	NO	YES	NECROSECTOMY	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	1498306	BS	22	YES	YES	NO	YES	NECROSECTOMY	-	-	-	-	-
69	1497648	AA	18	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	1495949	RB	8	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
71	1498326	KS	8	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
72	1500656	DK	3	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
73	1498347	G	15	YES	YES	YES	YES	-	DISCHARGED	YES	-	-	-
74	1499931	RS	13	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
75	1500487	PK	14	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
76	1493118	GS	15	YES	NO	NO	NO	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	1499968	SS	40	YES	YES	NO	NO	PCD INSERTION, NECROSECTOMY	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
78	1050404	MD	21	YES	NO	NO	NO	ERCP-STONE REMOVED	DISCHARGED	YES	-	-	-
79	1501348	BK	9	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
80	1497643	J	5	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
81	1501349	RN	7	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
82	347904	DK	4	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
83	1501307	P	18	YES	YES	NO	NO	ERCP-STONE REMOVED	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	1495694	NS	39	YES	YES	YES	NO	PCD INSERTION, PLEURAL TAP, NECROSECTOMY	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AGE	AGE GROUP	SEX	ETIOLOGY_GALL STONE INDUCED	ALCOHOLIC	TRAUMA	HYPERTRIGLYCERIDEMIA	POST ERCP	HYPERCALCEMIA	ANY OTHER	SYMPTOMS_ABDOMINAL PAIN	ABDOMINAL DISTENSION	FEVER	NAUSEA
85	1501421	SM	50	3	M	YES	NO	NO	NO	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
86	1504982	DD	64	5	F	NO	NO	NO	NO	NO	YES	-	YES	NO	NO	YES
87	1506961	GS	39	2	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	45	3	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	74	5	F	YES	NO	NO	YES	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	38	2	F	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	40	2	M	YES	NO	NO	NO	NO	NO	-	YES	NO	YES	YES
92	1509185	KK	31	2	M	NO	YES	NO	NO	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	1509267	GD	41	3	F	NO	NO	NO	NO	NO	NO	IDIOPATHIC	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	1508466	RS	60	4	M	NO	YES	NO	NO	NO	NO	-	YES	YES	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
95	1441644	CK	25	1	F	NO	NO	NO	NO	NO	NO	TOPIRAMATE	YES	NO	NO	YES
96	1511952	A	36	2	F	NO	NO	NO	YES	NO	NO	-	YES	NO	YES	YES
97	1504023	RKS	46	3	M	NO	NO	NO	YES	NO	NO	-	YES	NO	YES	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	1503484	GS	37	2	M	NO	YES	NO	NO	NO	NO	-	YES	NO	NO	YES
99	1508310	A	39	2	F	NO	NO	NO	YES	NO	NO	-	YES	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	41	3	F	NO	NO	NO	NO	YES	NO	-	YES	NO	YES	YES

S. No.	MRD NO	Initials	VOMITING	DIARRHOEA	CONSTIPATION	BREATHLESSNSS	URINE OUTPUT	ALTERED SENSORIUM	YELLOWISH DISCOLORATION OF URINE	CLAY COLORED STOOLS	SIGNS_TENDERNESS	GUARDING AND RIGIDITY	ASCITES	PLEURAL EFFUSION	PALLOR	ICTERUS
85	1501421	SM	YES	NO	NO	NO	NORMAL	NO	YES	NO	YES	NO	NO	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
86	1504982	DD	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
87	1506961	GS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	YES	NO	NO	NO	NORMAL	NO	NO	YES	YES	NO	NO	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	YES	NO	NO	NO	NORMAL	NO	NO	YES	YES	NO	NO	NO	NO	YES
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	YES	NO	NO	NO	DECREASED	NO	NO	NO	YES	NO	NO	NO	NO	NO
92	1509185	KK	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	1509267	GD	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	1508466	RS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	YES	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
95	1441644	CK	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
96	1511952	A	YES	YES	NO	YES	DECREASED	YES	NO	NO	YES	YES	NO	YES	NO	NO
97	1504023	RKS	YES	YES	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	1503484	GS	YES	NO	NO	NO	NORMAL	NO	NO	NO	YES	NO	NO	NO	NO	NO
99	1508310	A	YES	NO	NO	NO	NORMAL	YES	NO	NO	YES	NO	NO	NO	NO	NO
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	NO	NO	NO	NO	NORMAL	YES	NO	NO	NO	NO	NO	NO	NO	NO

S. No.	MRD NO	Initials	Spo2	-	HEART RATE	RESP RATE	SBP	DBP	BODY TEMP	TLC	HB	PLATELET	PTI	INR	COAGULOPATHY	BIL (t)	BIL(d)	SGOT	SGPT	ALP	ALBUMIN	TOTAL PROTEINS	UREA	CREATININE	Na	K	Cl
85	1501421	SM	98	RA	80	20	120	80	AFEBRILE	16.4	12.3	120	13.7	1.23	YES	1.65	0.53	77	50	89	4.48	6.8	35	1.34	143	4.21	102
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
86	1504982	DD	98	RA	88	20	130	80	AFEBRILE	10.2	12.8	200	10.4	0.98	NO	2.35	1.43	45	23	82	3.58	5.8	22	1.32	142	3.58	101
87	1506961	GS	98	BINASAL	95	20	130	80	AFEBRILE	19.4	12.7	140	14.3	1.34	YES	1.69	1	138	75	117	2.78	6.2	30	0.54	143	3.53	108
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	98	BINASAL	100	20	120	80	AFEBRILE	12.5	16	203	15.2	1.34	YES	2.64	0.82	297	157	52	3.4	6.2	30	0.72	140	4.12	107
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	98	BINASAL	93	20	120	80	AFEBRILE	5.5	3.9	74	13.2	3.01	YES	3.65	2.01	236	210	153	3.07	6.3	65	1.62	130	4.13	100
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	98	RA	80	20	120	80	AFEBRILE	9.2	8.8	217	20.1	1.83	YES	1.38	0.54	39	21	159	2.32	4.7	22	0.55	139	3.67	101
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	98	HIGH FLOW	88	23	100	60	100	28.3	10.7	238	20.8	1.9	YES	1.65	0.79	177	171	88	2.46	4.7	73	3.9	119	6.59	84
92	1509185	KK	98	RA	85	20	120	80	AFEBRILE	15.3	11.7	232	13.7	1.25	YES	1.43	0.65	48	37	222	2.34	5	27	0.62	140	3.95	102
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	1509267	GD	98	RA	88	18	120	70	100	26.9	9.1	337	14.4	1.32	YES	0.76	0.38	35	17	84	2.73	5.5	56	1.32	146	3.94	115
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	1508466	RS	98	RA	90	17	130	80	AFEBRILE	14.8	11.5	182	15.2	1.39	YES	1.18	0.59	40	20	60	3.23	5.7	18	1.05	119	3.1	87
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
95	1441644	CK	98	RA	72	20	120	80	AFEBRILE	6.8	9.7	261	11.4	1.05	NO	0.17	0.06	43	48	80	3.29	6.1	14	0.75	112	4.29	80
96	1511952	A	80	RA	150	30	80	60	AFEBRILE	7.3	5.2	100	18.2	1.75	YES	0.12	0.11	22	24	115	3.12	6.4	41	1.04	145	4.49	119
97	1504023	RKS	98	RA	90	18	100	60	AFEBRILE	15.85	10.9	267	17	1.55	YES	0.73	0.2	20	19	113	2.29	6.1	75	2	135	5.16	100
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	1503484	GS	98	RA	80	20	120	80	AFEBRILE	10.72	11.1	292	1.34	1.23	YES	0.9	0.18	75	78	362	3.7	7.5	16	0.72	137	4.21	91
99	1508310	A	98	NIV	130	20	90	60	AFEBRILE	15.1	11.4	201	15.1	1.3	YES	0.9	0.2	54	68	145	3.1	6.8	30	1.2	140	3.84	102
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	98	RA	80	19	120	80	AFEBRILE	11.2	9.7	503	11.9	1.09	NO	0.46	0.06	55	51	103	4.1	7.8	21	0.84	136	6.07	98

S. No.	MRD NO	Initials	Amylase	Lipase	Calcium	TRIGLYCERIDE	CRP	PCT	EVIDENCE	TYPE OF PANCREATITIS	COMPLICATIONS_PANCREATIC COLLECTION	ASCITES	PLEURAL EFFUSION	CULTURE SITES
85	1501421	SM	2281	4534	8.7	71	216.9	0.06	YES	NECROTIZING	YES	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
86	1504982	DD	1400	2655	13.9	-	42.57	-	YES	INTERSTITIAL	NO	NO	NO	URINE C/S
87	1506961	GS	144	217	7.97	-	257.69	-	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
88	1499894	MS	1133	1416	8.21	184	8.23	-	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
89	568151	KG	17	10	9.79	347	351.02	-	YES	INTERSTITIAL	NO	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BILE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
90	1500723	KK	52	32	7.5	-	341.05	-	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	STOOL C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	ASCITIC FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PLEURAL FLUID C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	STOOL C/S
91	1506346	RS	1810	2926	4.7	134	269.54	-	YES	NECROTIZING	YES	NO	NO	BLOOD C/S
92	1509185	KK	86	77	7.2	120	318.95	0.41	YES	NECROTIZING	YES	NO	NO	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
93	1509267	GD	1657	781	5.1	200	183.31	0.31	YES	NECROTIZING	YES	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	STOOL C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	PERIPANCREATIC COLLECTION C/S
94	1508466	RS	1145	536	4.2	67	186.65	-	YES	NECROTIZING	YES	YES	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
95	1441644	CK	165	156	7.4	159	17.71	0.07	NO	INTERSTITIAL	NO	NO	NO	URINE C/S
96	1511952	A	1600	3500	7.4	1366	-	0.36	NO	INTERSTITIAL	NO	NO	YES	-
97	1504023	RKS	199	20	8.31	299	353.69	-	YES	NECROTIZING	YES	NO	NO	PERIPANCREATIC COLLECTION C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	TISSUE C/S
98	1503484	GS	97	87	9.42	-	4.9	-	YES	NECROTIZING	YES	NO	NO	-
99	1508310	A	142	250	8.2	465	154.21	4.4	YES	INTERSTITIAL	NO	NO	NO	URINE C/S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	BLOOD C/S
100	1042380	BB	172	619	11.4	35	-	0.05	YES	INTERSTITIAL	NO	NO	NO	BLOOD C/S

S. No.	MRD NO	Initials	-	ORAGANISM ISOLATED	GRAM NEGATIVE BACTERIA	AMIKACIN	COTRIMOXAZOLE	AMOXICLAV	CEFTRIAXONE	CIPROFLOXACIN	GENTAMICIN	LEVOFLOXACIN	AMPICILLIN
85	1501421	SM	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PLEURAL FLUID C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
86	1504982	DD	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
87	1506961	GS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
88	1499894	MS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
89	568151	KG	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BILE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
90	1500723	KK	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	STOOL C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	ASCITIC FLUID C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
-	-	-	PLEURAL FLUID C/S	ACINETOBACTER	-	S	S	S	S	S	S	S	S
-	-	-	STOOL C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
91	1506346	RS	BLOOD C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
92	1509185	KK	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	STAPHYLOCOCCUS EPIDERMIDIS	-	-	-	-	-	-	-	-	-
93	1509267	GD	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	STOOL C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	PERIPANCREATIC COLLECTION C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
94	1508466	RS	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	KLEBSIELLA PNEUMONIAE	-	R	R	R	R	R	R	R	R
95	1441644	CK	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
96	1511952	A	-	-	-	-	-	-	-	-	-	-	-
97	1504023	RKS	PERIPANCREATIC COLLECTION C/S	ENTEROCOCCUS FAECIUM	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	ESCHERICHIA COLI	-	S	S	R	R	R	S	R	R
-	-	-	TISSUE C/S	KLEBSIELLA PNEUMONIAE	-	S	R	S	R	R	R	R	R
98	1503484	GS	-	-	-	-	-	-	-	-	-	-	-
99	1508310	A	URINE C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
-	-	-	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-
100	1042380	BB	BLOOD C/S	NO GROWTH	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	AZTREONAM	CEFIXIME	COLISTIN/POLY B	ERTAPENEM	MEROPENEM	PIPERCILLIN-TAZOBACTUM	CEFIPIME	TICARCILLIN	MINOCYCLINE	DORIPENEM	IMIPENEM	CEFOPERAZONE-SULBACTUM
85	1501421	SM	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
86	1504982	DD	-	-	-	-	-	-	-	-	-	-	-	-
87	1506961	GS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
-	-	-	S	S	S	S	R	R	R	S	S	S	R	S
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	R	R	S	R	R	R	R	R	R	R	R	R
92	1509185	KK	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	1509267	GD	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	1508466	RS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	R	R	R	R	R	R	R	R	R
95	1441644	CK	-	-	-	-	-	-	-	-	-	-	-	-
96	1511952	A	-	-	-	-	-	-	-	-	-	-	-	-
97	1504023	RKS	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	S	S	S	R	R	R	R	S	S
-	-	-	R	R	S	R	R	R	R	R	R	R	R	S
98	1503484	GS	-	-	-	-	-	-	-	-	-	-	-	-
99	1508310	A	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	MINOCYCLINE	TIGECYLCINE	CEFUROXIME-SULBACTUM	NITROFURANTOIN	NORFLOXACIN	OFLOXACIN	FOSFOMYCIN	CEFTAZIDIME	GRAM POSITIVE BACTERIA_AMIKACIN	COTRIMOXAZOLE	PIPERCILLIN-TAZOBACTUM
85	1501421	SM	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
86	1504982	DD	-	-	-	-	-	-	-	-	-	-	-
87	1506961	GS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
-	-	-	S	S	S	S	S	S	S	R	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	R	R	R	R	R	R	R	R	-	-	-
92	1509185	KK	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	S	R
93	1509267	GD	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	R	R	R
94	1508466	RS	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	R	-	-	-
95	1441644	CK	-	-	-	-	-	-	-	-	-	-	-
96	1511952	A	-	-	-	-	-	-	-	-	-	-	-
97	1504023	RKS	-	-	-	-	-	-	-	-	R	R	R
-	-	-	R	R	R	R	R	R	R	R	-	-	-
-	-	-	R	S	R	R	R	R	R	R	-	-	-
98	1503484	GS	-	-	-	-	-	-	-	-	-	-	-
99	1508310	A	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	CEFOXITIN	LEVOFLOXACIN	CIPROFLOXACIN	CEFOPERZONE	CLINDAMYCIN	ERYTHROMYCIN	GENTAMICIN	LINEZOLID	TETRACYCLINE	DAPTOMYCIN	NITROFURANTOIN	VANCOMYCIN	NORFLOXACIN
85	1501421	SM	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	R	R	R	S	R
86	1504982	DD	-	-	-	-	-	-	-	-	-	-	-	-	-
87	1506961	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
92	1509185	KK	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	S	R	S	S	S	S	R	S	R
93	1509267	GD	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	R	R	R	R	R	S	R	R	R	S	R
94	1508466	RS	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
95	1441644	CK	-	-	-	-	-	-	-	-	-	-	-	-	-
96	1511952	A	-	-	-	-	-	-	-	-	-	-	-	-	-
97	1504023	RKS	R	R	R	R	R	R	R	S	R	R	R	S	R
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	1503484	GS	-	-	-	-	-	-	-	-	-	-	-	-	-
99	1508310	A	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	-	-	-	-	-	-	-	-	-	-	-	-	-

S. No.	MRD NO	Initials	PENICILLIN	RIFAMPICIN	TEICOPLANIN	FUNGAL MARKERS _GALACTOMANNAN	FUNGAL MARKERS_FUNGITELL	OTHERS	MEDICAL MANAGEMENT (ANTIBIOTICS)
85	1501421	SM	-	-	-	NEGATIVE	NEGATIVE	-	IMIPENEM, TEICOPLANIN, METROGYL, COLISTIN
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
86	1504982	DD	-	-	-	-	-	-	CEFOTAXIME
87	1506961	GS	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
88	1499894	MS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN, METROGYL,COLISTIN
-	-	-	-	-	-	-	-	-	-
89	568151	KG	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
90	1500723	KK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN. COLISTIN, TIGECYCLINE
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
91	1506346	RS	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN. COLISTIN, TIGECYCLINE,METROGYL
92	1509185	KK	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	R	R	S	-	-	-	-
93	1509267	GD	-	-	-	-	-	-	IMIPENEM, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	R	R	S	-	-	-	-
94	1508466	RS	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN, COLISTIN
-	-	-	-	-	-	-	-	-	-
95	1441644	CK	-	-	-	-	-	-	MEROPENEM, TEICOPLANIN
96	1511952	A	-	-	-	-	-	-	IMIPENEM, METRTOGYL, FLUCONAZOLE
97	1504023	RKS	R	R	S	-	-	-	IMIPENEM, METRTOGYL, TEICOPLANIN, COLISTIN
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
98	1503484	GS	-	-	-	-	-	-	IMIPENEM, METRTOGYL, TEICOPLANIN
99	1508310	A	-	-	-	-	-	-	MEROPENEM, METRTOGYL, TEICOPLANIN
-	-	-	-	-	-	-	-	-	-
100	1042380	BB	-	-	-	-	-	-	CEFOTAXIME

S. No.	MRD NO	Initials	LENGTH OF HOSPITAL STAY	NEED FOR NJFT	NEED FOR ICU CARE	VENTILATORY SUPPORT	NEED FOR INOTROPES	NEED FOR INTERVENTION	FINAL OUTCOME	DISCHARGED	DISCHARGED ON REQUEST	DAMA	EXPIRED
85	1501421	SM	23	YES	YES	NO	NO	PLEURAL TAP, PCD INSERTION	DISCHARGED ON REQUEST	-	YES	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
86	1504982	DD	11	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-
87	1506961	GS	15	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
88	1499894	MS	30	YES	YES	NO	NO	-	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	568151	KG	14	YES	YES	NO	NO	ERCP - STONE REMOVED	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
90	1500723	KK	15	YES	YES	NO	NO	ASCITIC TAP, PLEURAL TAP	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
91	1506346	RS	9	YES	YES	NO	YES	PCD INSERTION - REQUIRED	DAMA	-	-	YES	-
92	1509185	KK	17	YES	YES	NO	NO	PCD INSERTION	DISCHARGED ON REQUEST	-	YES	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	1509267	GD	34	YES	YES	NO	NO	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	1508466	RS	19	YES	YES	NO	NO	PCD INSERTION	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
95	1441644	CK	8	NO	YES	NO	NO	-	DISCHARGED ON REQUEST	-	YES	-	-
96	1511952	A	3	NO	YES	YES	YES	-	EXPIRED	-	-	-	YES
97	1504023	RKS	29	YES	NO	NO	NO	PCD INSERTION, NECROSECTOMY	DISCHARGED	YES	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	1503484	GS	12	YES	NO	NO	NO	-	DISCHARGED	YES	-	-	-
99	1508310	A	12	YES	YES	YES	YES	-	DAMA	-	-	YES	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
100	1042380	BB	6	NO	NO	NO	NO	-	DISCHARGED	YES	-	-	-

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(18)

No. BFUHS/2K23p-TH/ 13158 Date 27/12/23

The Principal
Dayanand Medical College & Hospital
Ludhiana

Subject:: Approval of Plan of Thesis.

This is to inform you that the Faculty of Medical Sciences in its meeting held on 25.09.2023 has approved the plan of thesis of **Abhinav Gupta**, a student of your college for **MD General Medicine** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis
Clinico-microbiological profile of patients presenting with acute pancreatitis in tertiary care hospital .

Supervisor	**Co-Supervisor:-**	**Co-Supervisor:-**
Dr. Vikas Garg	Dr. Veenu Gupta	Dr. P S Nain
Assoc. Prof.,	Prof. & Head	Professor
Dept. of Medicine	Dept. of Microbiology	Dept. of General Surgery

The student may submit the thesis in triplicate alongwith the plan in triplicate also, to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She may be directed to attach a photocopy of this letter with the forwarding letter while submitting thesis in the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic, if any.

Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*

CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED IN

PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MD

In

GENERAL MEDICINE

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES

FARIDKOT

AUGUST, 2022

DR ABHINAV GUPTA

DEPARTMENT OF GENERAL MEDICINE
DAYANAND MEDICAL COLLEGE AND HOSPITAL
LUDHIANA

ABSTRACT OF PLAN OF THESIS

Title	Clinico-Microbiological Profile Of Patients Presenting With Acute Pancreatitis In Tertiary Care Hospital
For the degree of	MD General Medicine
Name of the candidate	Dr Abhinav Gupta
Supervisor	Dr. Vikas Garg, Associate Professor, Department of General Medicine, DMCH, Ludhiana
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Introduction: Acute pancreatitis is an inflammatory condition of pancreas that may be gall stone induced (most commonly) or due to alcohol, hypercalcemia, hypertriglyceridemia, blunt trauma etc. Pancreatitis can have wide spectrum presentation including peripancreatic collection and sepsis for which evidence can be collected microbiologically with blood cultures and peripancreatic collection cultures. This study will be helpful in correlating the clinical presentation, microbiological aspect, outcome of patient and various strategies for management of the disease (medical or radiological or surgical intervention).

Aims and Objectives: • To study the clinical and microbiological profile in patients with acute pancreatitis

• To study the cultural sensitivity pattern, need for intervention and outcome in patients with acute pancreatitis.

Materials and Methods: A prospective study will be conducted in 100 patients diagnosed with acute pancreatitis admitted in Medicine, Surgery and Allied specialties wards at Dayanand Medical College and Hospital, Ludhiana.

Clinical significance: Acute pancreatitis has a spectrum of presentations, ranging from a mild self-limiting disease to a severe attack that can be associated with local and systemic complications. There may be correlation with microbiological profile including cultural positivity in severe cases that may need intervention other than medical management. This study will help in understanding this correlation between the clinical profile and management and microbiological profile of patients presenting with acute pancreatitis.

Keywords: Prospective Study, Acute Pancreatitis, Clinico-Microbiological Profile, Outcomes

(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled **"CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL"** exist in the Department of General Medicine at Dayanand Medical College and Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself under our supervision and guidance.

Supervisor

Dr. Vikas Garg
Professor
Department of General Medicine
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Co-Supervisor's

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Date : _____

APPROVAL PROFORMA
BY
RESEARCH & ETHICAL COMMITTEE
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Name of candidate	Abhinav Gupta
Department	General Medicine
Topic of Thesis	Clinico-Microbiological Profile Of Patients Presenting With Acute Pancreatitis In Tertiary Care Hospital
Likely date of appearing in PG examination	May/ June, 2024
Date of enrollment	March 7, 2022
Name of Head of Department	Dr Dinesh Gupta
1) Supervisor **2) Co-Supervisor**	Dr Vikas Garg Dr. Veenu Gupta Dr. P S Nain,
Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
Dr. Harpreet Kaur (Professor & Head, Pathology)	Mr. R K Sharma (Legal Expert)
Dr. Jaspal Singh (Professor & Head, Surgery)	Dr. Ramit Mahajan (Associate Professor, Gastroenterology)
Dr. Dinesh Gupta (Professor & Head, Medicine)	Dr. Anu Sharma (Professor, Anatomy)
Dr. Sandeep Kaushal (Dean Academics & Professor & Head, Pharmacology)	Dr. Sandeep Kaushal (Dean Academics & Professor & Head, Pharmacology)
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	Dr. Gagandeep Singh (Secretary, Ethics Committee Professor & Head, Neurology)

Approved: Yes / ~~No~~

Dr. Sandeep Puri
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Approved: Yes / ~~No~~

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PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

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3	COURSE OF STUDY AND SUBJECT	MD, GENERAL MEDICINE
4	DATE OF ADMISSION OF COURSE	MARCH 7,2022
5	TITLE OF THE TOPIC	Clinico-Microbiological Profile Of Patients Presenting With Acute Pancreatitis In Tertiary Care Hospital

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Acute pancreatitis is a condition of acute inflammation of the pancreas characterized by upper abdominal pain. Biochemical or radiological proof is required for diagnosis.

Any two of the following should be present for the diagnosis of acute pancreatitis

1) abdominal pain in the epigastrium that may radiate to the back
2) Threefold or greater elevation in serum lipase and /or amylase
3) Confirmatory findings of acute pancreatitis on abdominalimaging [1]

Pancreatitis is one of the most common gastrointestinal causes of hospital admissions in many countries.

Clinical spectrum and manifestations of acute pancreatitis range from a mild, self-limited disease to severe and sometimes fatal disease with local and systemic involvement. It may present as simple abdominal pain, nausea, or vomiting. There may be systemic inflammatory response syndrome (SIRS), organ failure, persistent organ failure and ultimately death.

Approximately 40% to 70% of Necrotizing Pancreatitis patients have infection which may be pancreatic or extrapancreatic, usually indicating a worse prognosis [2]. The mortality of severe type due to pancreatitis-related causes was organ failure in 73 % within 2 weeks after its attack, and infectious diseases due to pancreatic infection in 33.3 % after more than three months from its attack.

Gallstones are the most common cause of pancreatitis followed by alcohol use and idiopathic [3,4]. Acute disease has also been associated with endoscopic procedures, hypertriglyceridemia, hypercalcemia, drugs, abdominal trauma, viral infections and pancreas divisum [5].

Early identification of those who are at a high risk of mortality and morbidity by correlating the clinico-microbiological profile can help us with use more aggressive treatment rationally helping to decrease mortality rate.

Early detection of infection in cultures of blood, peripancreatic collections and other secondary sites including ascitic, pleural etc can help to decide on early intervention to prevent mortality.

This study will help to understand the correlation between the clinical manifestations and severity of disease and the microbiological aspect and help in better management of acute pancreatitis with early and appropriate intervention.

These interventions could be surgical or by interventional radiology or endoscopic.

This study will help understand how modifying the medical management with antibiotics based on culture sensitivity will help in better outcome and early improvement of condition of patient.

Thus overall helping in reducing mortality and morbidity in patients with acute pancreatitis.

6.2 REVIEW OF LITERATURE

K.Ishii et al. studied 200 patients with pancreatitis in respect to incidence and severity of 26 items of symptoms, signs and laboratory data. Factor and cluster analysis revealed a three-group structure:1st group consisting of symptoms and object tive signs, the 2nd group consisting of laboratory test items related to liver function and the 3rd group consisting of test data concerning acute inflammation of the pancreas. The 1st followed by the 3rd item group, had a high correlation with the overall severity judgment made by individual physicians and with that by the central committee concerning a CDP choline trial.[6]

T Aloia et al. Published a study including 17 patients with peripancreatic collection and cultural positivity for candida. Six of the patients included had undergone prior operative intervention in other hospitals (with median stay elsewhere: 58 days). The 11 other patients underwent initial operation an average of 14 days after admission. Fungal species were isolated in the initial operative cultures of 5 patients (29%), three of whom had undergone previous drainage at other hospitals. Two patients (11.7%) had Candida identified at subsequent operation. Six patients were administered Amphotericin B for a median of 12 days (range 6-32) and a median dosage of 420 mg (range 225-830 mg). All patients were cleared of the infection, but three subsequently died (overall mortality of 17.6%). Candida infected patients suffered a 42 per cent mortality.[7]

A O Qamruddin et al. concluded in their study that in acute pancreatitis, condition may be complicated by the infection of pancreas with a high associated mortality. It may be associated with a wide range of bacteria, notably enterobacteria and also with Candida spp. Studies of antibacterial prophylaxis in patients with acute pancreatitis suggest that prophylactic antibacterial therapy is associated with a reduction in mortality, particularly in those with severe disease.[8]

Bosscha et al. conducted a medline search for randomised clinical trials (RCTs) during the period 1990-1999. Four RCTs were identified. Control groups were not given antibiotics. Based on the pooled data,

the differences in risk in favour of the groups treated with various antibiotics were as follows: -14% (95% CI: -26(-)-1; p = 0.04) for pancreas infections, -25% (95% CI: -39(-)-12; p = 0.0002) for sepsis and -13% (95%-BI: -22(-)-3; p = 0.007) for death. Administration of antibiotics to patients with severe acute (necrotising) pancreatitis reduces the risk of serious complications. [9]

Elizabeth Brindise et al studied the temporal trends in incidence and outcomes of acute pancreatitis in hospitalized adult patients in United States. They identified 4,792,802 cases of AP and a significant increase in the incidence of AP was observed from 9.48 cases per 1000 hospitalization in 2002 to 12.9 per 1000 hospitalization in 2013($p<0.001$) while Mean length of stay decreased from 6.99 days to 5.74days in 2013($p<0.001$). [10]

Sushil k Garg et al. Found a non-significant to 5.5% ($p=0.07$) increase in incidence of emergency department visit is for AP per 10,000 US adults from 2006 to 2012, largely driven by significant increase in emergency department visits for AP in the 18 to <45 age group (9.2%; $p=0.025$). Rate of admission and LOS decreased during the time period, while the ED and inpatient costs increased (62.1 %; $p<0.001$ and 7.9. %; $p=0.0011$, respectively.[11]

Degowska et al. showed in their study that in about 20% patients with clinically severe acute pancreatitis it is a life threatening disease with 30% mortality. Mortality increases in patient when infection has occurred. Prevention and treatment of infection in AP has become therapeutic target for improving the outcome of this disease.[12]

Jan J De Waeleet al. did a study with the conclusion as follows – Infections in severe acute pancreatitis are often associated with considerable morbidity and mortality and patients often stay in the hospital for several weeks. Antibiotic use should be rational in terms of an indication, spectrum, and duration of use. Prophylactic antibiotics are not effective in reducing the incidence of (peri)-pancreatic infection in patients with severe disease and should be used only in case of documented infection. Antifungal coverage or even prophylaxis should

be considered, especially if multiple risk factors for invasive candidiasis are present.[13]

Chalapathirao et al. did retrospective analysis of culture reports of AP patients and the outcome parameters recording the implications of sepsis on various outcome parameters in AP like persistent organ failure (POF), length of hospital (LOH) stay, and mortality being more common in patients with combined pancreatic and extra pancreatic sources of sepsis. [14]

Vengadakrishnan et al. studied the significance of early assessment of severity and intensive care management in acute pancreatitis. High values of lipase, CRP and LDH done at the time of admission correlated well with the mortality and morbidity.[15]

Ayesha Kamal et al. did a retrospective cohort study at the level of tertiary care center between June 2007 and June 2011 comparing the outcomes among patients with different causes of pancreatitis and found that acute biliary pancreatitis is a more severe disease as compared to post ERCP pancreatitis and alcoholic pancreatitis.[16]

Jonathan et al. studied the rate of hospitalization, mortality of hospitalized patients, and associated health care utilization in patients with acute pancreatitis and found that from 2001 to 2014, the rate of primary discharge diagnosis for AP increased from 65.38 to 81.88 per 100000 US adults per year. The rate of hospitalization related to AP continues to increase mortality, length of stay and cost per hospitalization decrease. [17]

Jiong-Di Luet al. conducted a retrospective analysis of necrotizing pancreatitis patients with complications like infections that showed the main pathogenic bacteria in NP patients were Gram-negative bacteria, the most common being E. coli and P. aeruginosa. The proportion of multidrug-resistant bacteria was found to be relatively large, and caution should be used in the application of antibiotics. The extrapancreatic infection (blood, pulmonary, pleural, ascitic, etc.) was seen to be occurring earlier than the pancreatic infection. Third- or fourth-generation cephalosporins or carbapenems can be used as

empirical antibiotics. Persistent organ failure, multidrug resistance, and surgery were risk factors for death.[2]

Abdul R Shahein et al studied the effect of clinical and laboratory variables, in addition to treatment modality on hospital length of stay (LOS) as a proxy variable for severity in pediatric patients admitted with AP and found that the elevated blood urea nitrogen (BUN) on admission ($p<0.005$), tachycardia that lasted for >48 hours ($p<0.001$) and need for fluid resuscitation were associated with increased LOS. Daily fluid intake above recommended maintenance did not reduce LOS. [18]

6.3 AIMS AND OBJECTIVES OF THE STUDY

- To study the clinical and microbiological profile in patients with acute pancreatitis
- To study the cultural sensitivity pattern, need for intervention and outcome in patients with acute pancreatitis.

7. MATERIALS AND METHODS

This is a prospective study will include 100 patients presented with acute pancreatitis in medicine and allied specialties ward in DMCH Ludhiana.

7.1 Source of Data:

100 patients diagnosed with acute pancreatitis, admitted in Medicine, Surgery and Allied specialties wards at Dayanand Medical College and Hospital, Ludhiana.

7.2 METHOD OF COLLECTION OF DATA

Cases will be selected on the basis of inclusion and exclusion criteria as follows –

Inclusion Criteria –

1) Patient diagnosed with acute pancreatitis as per clinical and lab features
2) Patient age > 18 years
3) Patient of either gender

Exclusion Criteria –

1) Patients not satisfying inclusion criteria
2) Patients not willing to take part in the study
3) Patients with pancreatic cancer
4) Age<18 years

Methodology

Relevant clinical parameters will be assessed including physical examinations, complete hemogram, biochemical work up, radiological tests and microbiological investigations. Patient will be assessed clinically based on etiology, age, sex, comorbidities, interventions and outcome

For blood culture, under aseptic conditions, 10-20 ml of blood will be withdrawn and will be inoculated directly into commercially prepared BACTEC 9240 or BacT/Alert culture bottles for maximum period of 7 days.

On the basis of concomitant infection at other sites, various samples like peripancreatic collection, ascites, pleural fluid etc will be collected and processed. Positive bottles will be subcultured on Blood Agar and MacConkey Agar plate.[19]

Identification of bacterial and yeast isolates will be done by Vitek 2 system.

Antimicrobial susceptibility testing will be done by Vitek-2 panel

OUTCOME

This study will show how microbiological profile affects the clinical profile of patients presenting with acute pancreatitis. It will help in better management of patients by early interventions based on microbiological profile and decrease mortality and morbidity.

STATISTICAL ANALYSIS

Data will be described in terms of range; mean ±standard deviation (± SD), median, frequencies (number of cases) and relative frequencies (percentages) as appropriate. For comparing categorical data, Chi square ($\chi 2$) test will be performed and fisher exact test was used when the expected frequency is less than 5. A probability value (p value) less than 0.05 will be considered statistically significant. All statistical calculations will be done using (Statistical Package for the Social Science) SPSS 21version (SPSS Inc., Chicago, IL, USA) statistical program for Microsoft Windows.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

No

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Attached herewith

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PROFORMA

Sr. No.

NAME	
AGE	
SEX	
MRD NO.	
DATE OF ADMISSION	
DATE OF ILLNESS	

ETIOLOGY -

GALL STONE INDUCED -

ALCOHOLIC –

TRAUMA –

TRYGLYCERIDES –

HYPERCALCEMIA –

ANY OTHER –

SYMPTOMS		**SIGNS**	
ABDOMINAL PAIN		TENDERNESS	
ABDOMINAL DISTENSION		GUARDING AND RIGIDITY	
FEVER		ASCITES	
NAUSEA		PLEURAL EFFUSION	
VOMITING		PALLOR	
DIARRHOEA		ICTERUS	
CONSTIPATION			
BREATHLESSNSS			
URINE OUTPUT			
ALTERED SENSORIUM			
YELLOWISH DISCOLORATION OF URINE			
CLAY COLORED STOOLS			

Signature of Candidate **Signature of Supervisor**

VITALS AT THE TIME OF ADMISSION-

Spo2	
HEART RATE	
RESP RATE	
BLOOD PRESSURE	
BODY TEMP	

LAB PARAMETERS

CBC **LFTs**

TLC		BIL (t)	
NEUTROPHILS		BIL(d)	
LYMPHOCYTES		SGOT	
MONOCYTES		SGPT	
EOSINOPHILS		ALP	
BASOPHILS		ALBUMIN	
HB		TOTAL PROTEINS	
PCV			
MCV		**RFTs**	
MCHC			
MCH		UREA	
RDW		CREATININE	
PLATELET		Na	
		K	
PTI/INR		Cl	

Amylase	
Lipase	
Calcium	
Magnesium	
Phosphorus	
TRIGLYCERIDE	
ABG	
CRP	
PCT	

Signature of Candidate **Signature of Supervisor**

RADIOLOGICAL INVESTIGATION

USG	
CT ABDOMEN	
MRCP	

MICROBIOLOGICAL PROFILE

CULTURE SITES	ANTIMICROBIAL SENSITIVITY

- **FUNGAL MARKERS -**

Signature of Candidate **Signature of Supervisor**

MEDICAL MANAGEMENT (ANTIBIOTICS)

ANTIMICROBIAL SENSITIVITY

OUTCOMES

LENGTH OF HOSPITAL STAY	
NEED FOR NJFT- DAY OF INSERTION-	
NEED FOR ICU CARE - VENTILATORY SUPPORT- NEED FOR INOTROPES –	
NEED FOR INTERVENTION OTHER THAN MEDICAL AND INDICATION - ENDOSCOPIC (ERCP) - RADIOLOGICAL INTERVENTION - SURGICAL	

***FINAL OUTCOME* –**

- DISCHARGED

- DISCHARGED ON REQUEST

- DAMA

- EXPIRED

Signature of Candidate **Signature of Supervisor**

INFORMED PATIENT CONSENT

Date: _____

I…….D/o, W/o, S/o……..…… am willing to participate in the study **"CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

……. ……
Signature of the Witness Signature of the patient

Name:

Signature of Candidate **Signature of Supervisor**

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य "**CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____	_____
गवाह के हस्ताक्षर	रोगी के हस्ताक्षर/अंगूठे का निशान
नाम:	नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

“CLINICO-MICROBIOLOGICAL PROFILE OF PATIENTS PRESENTING WITH ACUTE PANCREATITIS IN TERTIARY CARE HOSPITAL” ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ – ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

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ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

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ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

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ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ